

Liaise Loddon Limited

Sansa House

Inspection report

Sansa House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 11 and 12 May 2017. Sansa House is a residential home which provides accommodation and personal care for up to five people who are supported with complex needs, including learning disabilities and autism. At the time of our inspection four people were living at Sansa House and one was visiting relatives.

The home is a detached house within a residential area close to Basingstoke town centre. Each person has their individual living space within the home, including en-suite bathrooms, with a communal lounge area and kitchen. People's rooms had been decorated and furnished to meet their individual needs.

The primary aim at Sansa House is to support people to increase their independence and maximise their potential. Staff promoted people's independence and provided emotional and psychological support for people to take part in activities outside and to plan and complete tasks around their home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. Since our last inspection the registered manager had also become the registered manager at another service within the provider's care group. A deputy manager and a positive support coordinator managed the home in their absence, supported by two team leaders.

People felt safe living at Sansa House and trusted the staff who really cared for them. People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk.

Risk assessments were created to protect people from harm whilst promoting their independence. Staff supported people in their everyday lives in accordance with their risk management plans, which minimised the risk of harm to them and kept them safe.

There were plans to protect people in the event of an emergency and the provider's business plans ensured continuity of care to reduce the disruption to people and staff.

Accidents and incidents were recorded, reported and analysed by the registered manager to identify any themes or trends. The registered manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible.

Staff underwent robust pre-selection checks to assure the provider they were suitable to support people with autism or a learning disability. Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely.

People's medicines were administered safely by staff who had completed safe management of medicines training and had their competency to do so assessed.

Staff had completed an effective induction course based on nationally recognised standards and spent time working with experienced staff. This ensured staff had the appropriate knowledge and skills to support people effectively.

The registered manager had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver good care to meet people's individual needs. Staff received effective supervision, appraisal, and support to carry out their roles and responsibilities.

People were supported by staff who understood and effectively applied the principles of the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguards. Staff confidently applied the MCA to make sure that people were involved in decisions about their care so that their human and legal rights were protected.

There was a strong emphasis on the importance of eating and drinking well. Staff devised methods to encourage those who were reluctant or had difficulty in eating and drinking. Staff were alert and responsive to changes in people's needs and ensured people accessed health care services promptly when required.

People consistently valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this.

The home had a strong, visible person centred culture and staff effectively supported people to express their views. People received personalised care that was tailored to meet their individual needs. Staff responded effectively to meet people's changing health needs.

Staff consistently used sensitive interventions, in accordance with people's personalised positive behaviour support plans, which ensured people were treated with respect and dignity.

There were processes in place to seek feedback from people, relatives and supporting health and social care professionals to drive improvements in the quality of the service. Complaints were managed in accordance with the provider's policy.

People, relatives and staff consistently described the registered manager as outstanding and inspirational, due to their unswerving loyalty, commitment and dedication to the people living at Sansa House. People received a high standard of care because the management team led by example and set high expectations of staff about the quality of care people should receive.

The registered manager was determined that people living at Sansa House should receive quality care based on recommended and up to date best practice. The registered manager consistently recognised, encouraged and implemented innovative ideas and strategies to drive a good quality service.

The service worked effectively in partnership with other organisations to make sure they were following current best practice and providing a high quality service.

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 from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk.

Staff protected people from harm by identifying risks associated with their support and managing these effectively.

The provider completed robust pre-employment checks of prospective staff to assure their suitability to support people with a learning disability or autism. Sufficient staff were deployed at all times to meet people's needs safely.

People's medicines were administered safely by staff who had completed the provider's required training to do so.

Is the service effective?

Good ●

The service was effective.

The registered manager effectively developed staff, providing opportunities to put their learning into practice, to deliver care that met people's individual needs.

Staff confidently made use of the MCA to make sure that people were involved in decisions about their care so that their human and legal rights were protected.

There was a strong emphasis on the importance of eating and drinking well and staff devised effective methods to encourage those who were reluctant or had difficulty in eating and drinking.

The registered manager had developed effective links with health and social care services. Where people had complex and continued health needs, staff consistently sought to improve their care, treatment and support by identifying and implementing best practice.

Is the service caring?

The service was exceptionally caring.

People consistently valued their relationships with the staff team and felt that they often went 'the extra mile' for them.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. Staff were exceptionally creative at promoting people's independence.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view.

Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

Outstanding 

Is the service responsive?

The service was responsive.

People received personalised care that was tailored to meet their individual needs. Staff responded effectively to meet people's changing health needs.

Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

Complaints were managed in accordance with the provider's policy.

Good 

Is the service well-led?

The service was exceptionally well led.

The registered manager and management team had developed a positive culture within the home, which was person centred and empowering. People, relatives and staff consistently described the registered manager as outstanding and inspirational.

People received a high standard of care because the management team led by example and set high expectations of staff about the quality of care people should receive.

The registered manager consistently recognised, encouraged

Outstanding 

and implemented innovative ideas and strategies to drive a good quality service

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service.

Sansa House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 11 and 12 May 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the information included in the PIR along with other information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with four people who used the service, the registered manager, a deputy manager, two team leaders, 12 staff, the cook and cleaner. We also spoke with the director of care, director of positive support, the area manager, head of human resources and the senior human resources advisor.

We reviewed each person's support plans and medicines administration records (MARS). We looked at eight staff recruitment files, the induction process for new staff, training and supervision records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service. During the inspection we spent time observing staff interactions with people and attended the provider's training centre to observe presentations by people to the director of care.

Following the inspection we spoke with five people's relatives and six health and social care professionals. We also spoke with a local businessman regarding community involvement with their business by a person living at Sansa House.

This service was last inspected on 29 October 2014, at which time no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Sansa House because they trusted staff who "really cared for them". One person told us, "When I am worried they reassure me and make me feel better." Another person told us staff, "Help me to do the things I want but are very good at protecting me so I don't get hurt."

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Staff had completed the provider's safeguarding training and were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities. People and staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. There had been three safeguarding incidents notified to the CQC since the last inspection, which had been reported, recorded and investigated in accordance with the provider's policy.

The provider accepted their accountability at all levels for safeguarding people and protecting them from harm and abuse that may breach their human rights. As such the Director of Care (DoC) had assumed the responsibility as the provider's safeguarding lead. We reviewed documents which demonstrated the DoC had completed unannounced visits to complete safeguarding audits. Safeguarding was a standing agenda item for all senior management visits where staff understanding and practical application of their safeguarding knowledge was assessed.

Staff protected people from harm by identifying risks associated with their support and managing these effectively. Records documented the type of risk a person could experience together with early warning signs which could indicate the risk to the person was increasing and the ways in which escalation towards a crisis could be avoided or managed.

Staff were able to describe how they cared for people safely in accordance with their risk assessments, which we observed in practice, whilst supporting people. Risks to people's health and safety were clearly understood and managed so people were protected from avoidable harm.

Risk assessments were created to protect people from harm whilst promoting their independence. In addition to people's risk management plans staff completed daily risk assessments before people engaged in each external activity to ensure that at the relevant time there were no factors which could have an adverse impact on the risk. Where factors, for example a person's low mood or level of anxiety, were reason for concern, the risk would be assessed, recorded and a decision made by the senior manager available at the time. We observed staff supporting people in their everyday lives in accordance with their risk management plans, which minimised the risk of harm to them and kept them safe.

People were supported to manage their finances and were protected from the risk of financial abuse. We observed transactions where staff adhered to the provider's financial management and recording processes when they booked people's money in and out. People's finances at the home were subject to a weekly audit by the provider's finance administrator.

There were plans to protect people in the event of an emergency and the provider's business plans ensured continuity of care to reduce the disruption to people and staff. Guidance was provided to ensure people's safety in a variety of situations which could affect the environment, such as fire, flood, vandalism, burglary or failure of public utilities.

Each person had an individual evacuation plan. People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals such as paramedics or accident and emergency staff. This ensured health professionals would have information required, such as people's prescribed medicines, known allergies, their means of communication, and the support they required, in order to treat them safely. People were kept safe as staff had access to relevant information which they could act upon and provide in an emergency.

The staff monitored general risks, health and safety and maintenance needs as part of their daily work. Records confirmed that maintenance staff attended promptly when contacted by staff to repair damage which may cause risk to people and others visiting the home. The provider arranged for an external health and safety survey to be completed annually. We reviewed the last survey which demonstrated the registered manager had completed the two actions required within two weeks of the survey. People were protected from environmental risks within the home.

Accidents and incidents were recorded and reported to the Care Quality Commission where required, which were analysed by the registered manager to identify any themes or trends. The registered manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence, for example; on the day of inspection one person had been supported to have a meal in pub. A member of the public challenged the person in relation to their behaviour which distressed the person. We reviewed the incident report, which was completed immediately by staff on their return. The action taken by staff to reassure the person and engage with the member of public complied with the guidance shown in the person's accessing the community support plan.

Staffing was based on the dependency levels of the people using the service at any given time. On the days of our inspection each person had been assessed to require one to one support within the home, whilst some required two to one support if they were accessing the community. The registered manager or their deputy ensured that any changes to people's needs had been considered. If there was an increase in people's dependency and the associated risks, the registered manager was authorised to increase staffing levels to ensure people, visitors and staff were safe.

Rotas we reviewed confirmed staffing levels had been increased when people required more support with their anxieties or were experiencing an escalation in behaviours which may challenge others. Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely.

We observed there were sufficient staff on duty during our inspection who were available when people needed them. People and relatives told us there were always enough staff to support them whenever they needed help or advice. Staff told us there were enough staff on duty and they were able to call the registered manager if additional staff were required in the event of unforeseen circumstances, such as staff illness. Where additional staff were required in an emergency, the provider had a pool of selected staff who were available to support any of their homes when required. Sufficient staff were deployed at all times to meet people's needs safely.

The provider completed robust pre-employment checks of prospective staff as part of their recruitment process, which were documented in their records. The provider required the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. Staff employment histories had been explored and evidence of their conduct in previous employment had been sought where they had worked with vulnerable adults. The provider sought explanations for any gaps in staff employment during selection interviews. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People's medicines were administered safely by staff who had completed the provider's required training to do so. Staff had their competence to administer medicines assessed on three occasions before they were authorised to administer medicines unsupervised. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented and we observed staff administer medicines in accordance with guidance, for example; one person would only take their medicines with a drink provided in their favourite beaker. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined. We observed one person decline their morning medicine and staff demonstrated how the electronic recording system reminded them to administer the medicine later. The person administering also set another alert to ensure the person did receive their medicines as prescribed. People were supported to take their medicines safely.

Where people were prescribed medicines there was evidence within their health action plans that regular reviews were completed to ensure continued administration was still required to meet their needs.

Where people took medicines 'As required (PRN)' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Staff administering medicines completed a stock check of each medicine after it had been administered and completed a full stock check after each administration round. The management team completed a monthly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records had been correctly signed by staff to record when their medicine had been administered and the dose. The person administering medicine wore a highly visible red tabard to indicate this and to reduce interruptions whilst they were doing so. One person told us, "They are wearing that [tabard] so we know not to disturb them so they don't make mistakes."

Is the service effective?

Our findings

People, relatives and health and social care professionals made positive comments about the effectiveness of the service. One person told us, "The staff are very well trained because they always know what to do." Another person told us, "They know what to do to look after me and keep me happy." Another relative told us, "They are very good at spotting the signs when [their family member] is unwell and doing something about it straight away." A health and social care professional told us, "People receive effective care from well trained staff and the manager is always looking for ways to improve their knowledge and skills."

Staff had completed an effective induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn about people's specific needs, including autism, learning disabilities, Down's Syndrome and epilepsy, and how to support them. The registered manager had linked the induction programme to the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are expected to achieve nationally. This ensured staff had the appropriate knowledge and skills to support people effectively.

Staff had completed the provider's required training in relation to fire safety, first aid, safeguarding adults, medicine administration, infection control and health and safety. Records confirmed that the provider's required training was up to date or had been scheduled to be refreshed. This meant the provider had ensured that staff had been enabled to attain and maintain the necessary skills and knowledge to support people effectively.

Staff were encouraged by the registered manager to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their personal development, for example; staff were supported to complete health and social care diplomas, which were relevant to their roles. Staff who had supervisory roles had been supported to complete leadership courses relevant to their role, for example; two team leaders had recently completed courses in relation to completing effective supervisions. The deputy manager told us the registered manager and provider were providing mentoring and guidance with a view to progressing into a registered manager's position in the future. Staff were supported with their continued professional development.

The registered manager effectively developed staff, providing opportunities to put their learning into practice, to deliver care that met people's individual needs. For example, as part of the development of the two team leaders were responsible for taking the lead in relation to the Mental Capacity Act, 2005 (MCA). Part of their development was to develop a training package in relation to the MCA, which they had to deliver to other staff. The team leaders had to evaluate the training and ensure staff's understanding. One team leader told us, "It was a bit daunting at first but a great way of getting us to become more confident and because we work with staff every day we can see it is being put into practice properly." A staff member told us, "I used to be a bit unsure if I'm honest but the training and the Power Point (presentation) has made it much clearer."

The deputy manager had been appointed as the safeguarding lead within the home and was responsible for ensuring that staff knew what to do when safeguarding concerns were raised. The deputy manager had also been tasked to ensure that people understood what keeping safe means and how to raise concerns if they were worried. The deputy manager had developed an interactive training tool. This encouraged people to identify the different types of abuse and the different emotions people may experience as a result, and who they could speak with if they were worried. The deputy manager recorded people's engagement each time the tool was used to evaluate people's understanding. One person told us they knew about the different types of abuse and would tell staff straight away if they were worried.

Whenever staff training was delivered at Sansa House the registered manager sought creative ways to involve people where appropriate, for example; people were provided with some training in a format which met their needs in relation to the MCA and one person told us, "I know staff have to ask me first and it's my choice if I want to do anything." Another person had completed recognised and accredited Fire Safety Training and First Aid training as part of their support plan to promote their independence. A relative told us, "The way they support [their loved one] to complete training has a great effect on his anxieties and the certificates make him so proud."

Three people at Sansa House were supported to live with epilepsy and each person had a comprehensive epilepsy protocol unique to their specific needs. Staff were consistently able to demonstrate a clear understanding of the different types of seizure experienced by people together with the appropriate action to be taken to support them effectively. However, due to the difference and frequency of seizures experienced by people it had been identified that some confusion could arise. The registered manager and positive support coordinator had sought guidance from specialist epilepsy nurses supporting respective people and created clearly visible flow charts for each protocol which were readily accessible if required. The management team ensured staff had additional training in relation to people's individual epilepsy protocols both in group and one to one training sessions. The additional training provided in relation to people's unique epilepsy protocols ensured people received support in accordance with the best practice guidance provided by the provider's health education specialist and specialist epilepsy nurses.

Staff told us they were always encouraged by the provider to "Focus on the positive in those we support". The provider used a recognised programme which supported people to work towards their independence. People's records demonstrated that consistent, regular practice of these goals over the last year had resulted in a number of individuals achieving awards in their areas of special interest, for example, cooking, art and sensory activities. The provider had a proactive approach to people's learning and development.

The registered manager consistently provided support, advice and guidance to staff. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. One member of staff had an individual training and support strategy, together with a relevant risk assessment, which clearly demonstrated the provider's commitment to providing staff with equal opportunities. Staff received effective supervision, appraisal, and support to carry out their roles and responsibilities.

The management team held monthly staff meetings and weekly senior staff meetings to discuss issues and ideas to support people. We reviewed minutes of staff meetings during January 2017 where training and best practice was reviewed.

Wherever possible people were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance. Relatives and health and social care professionals told us that the registered manager actively involved them in all decisions relating to people's care and support.

People's rights to make their own decisions, where possible, were protected. Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider effectively managed all plans in place to ensure they were as least restrictive as possible by creating individual restriction reduction plans for each decision. We reviewed one restriction reduction plan which had led to a significant decrease in the administration of one person's prescribed medicine to be administered as required.

Staff confidently made use of the MCA to make sure that people were involved in decisions about their care so that their human and legal rights were protected. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support. Records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary, for example; decisions regarding general anaesthetic for dental and surgical procedures.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Deprivation of Liberty Safeguards applications had been submitted for each person living in the home, in accordance with legislation. At the time of our inspection one of these had been authorised, one had been considered and judged not to require authorisation, whilst the others awaited authorisation. We reviewed documents which demonstrated the registered manager had made timely enquiries of the authorising body to request updates about their applications awaiting a decision. Where Deprivation of Liberty Safeguards authorisations had specified certain conditions the registered manager had ensured these had been complied with. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

There was a strong emphasis on the importance of eating and drinking well, which was driven by the cook and positive support coordinator, who worked together to devise methods to encourage those who were reluctant or had difficulty in eating and drinking. One person needed a lot of encouragement to drink fluids and staff had raised concerns with the person's designated specialist epilepsy nurse and dietician. We observed staff consistently encouraged the person to drink in accordance with their nutrition and hydration plan. However, monitoring had identified that sometimes they did not drink the required amount. We observed the cook and staff provide more wet foods to increase their fluid consumption, such as soups, ice cream and milk jellies. We reviewed documents in which the dietician confirmed staff were "doing all they could to increase fluid intake through the use of wet foods". This approach made sure that people's dietary and fluid intake, especially those living with autism significantly improved their wellbeing.

At the time of inspection four people were being supported with healthy diet and exercise plans. Effective liaison with relevant health professionals had identified links to the increased consumption of food as a coping mechanism when people were anxious, which had an impact on behaviours which may challenge and the administration of PRN medicines.

The registered manager and staff had effective links with dietetic professionals and the community learning disability team, which were used to devise nutrition plans. These plans considered information including comprehensive monitoring of people's weight, food and fluid intake, frequency of seizures and the impact of

different medicines. The joint approach of the positive support coordinator using the links to other healthcare professionals had a positive impact on people's wellbeing, for example; The support provided to one person to maintain a healthy weight.

Is the service caring?

Our findings

People consistently told us they valued their relationships with the staff team and felt that they often went 'the extra mile' for them, which made them feel as though they really mattered. One person told us, "They [staff] help me every day to do things and make me feel special." Another person told us, "I feel really happy here because the staff are more like my family. I look forward to visiting [relatives] but also look forward to coming back here because this is my home." The person told us, "[Named staff] are really great because they always support me to do what I want. Even if they aren't supposed to be working they are always there for me."

One person told us how their dream was to live independently in their own flat, which had been recorded in their care records. The person enthusiastically told us how staff had thought of a "brilliant idea" to create a flat within Sansa House. When accommodation became available upstairs the provider arranged for some building work to be completed upstairs to create a self-contained flat, with its own kitchen and living space. We reviewed planning documents created prior to the implementation of this strategy, including social stories which explained the idea to the person and preparations they would need to make to move from their old room into their flat. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Social stories are created in a format to meet people's needs and help a them to cope with changes to routine and unexpected or distressing events. The person insisted on showing us their new flat, of which they were immensely proud. As part of the overall strategy to promote the person's independence we observed how staff supported the person to sign as a witness in relation to their medicine administration record. The person proudly explained to us how it was important to record the name of the medicine, the dose, the time, where and how it was administered. The person then went on to tell us about the medicines they were taking and why they had been prescribed. The person told us, "Because I am much happier and calmer now I don't need to take so many different tablets." The person told us how they had other support plans to promote their independence, for example; plans to manage their own activities, which they recorded on their calendars, plans to improve their concentration, plans to improve their meal preparation skills and abilities to socialise in communal areas and within the community. Staff were exceptionally creative at promoting people's independence.

Without exception relatives told us staff consistently went "above and beyond" their expectations to support their loved ones to achieve their potential and live fulfilling, active lives. One relative told us they had never been able to enjoy a family holiday before because of the frequency and severity of their family member's episodes of behaviour which may challenge others. They told us that since living at Sansa House the close bonds and meaningful, caring relationships staff had developed with their loved one had had an "amazing" impact on their behaviour. They told us, "He is so calm and happy now and I trust all the staff to keep him safe. Before he came here I used to lay awake at night worrying." The relative told us for the first time ever they were recently able to visit close family members who had emigrated many years ago. This was entirely due to the confidence inspired by the faith and trust they had in the registered manager and staff. The relative told us how staff had developed a support plan to manage their loved one's anxieties leading up to the holiday and while they were away, including trips to visit their other close relatives."

One relative told us when they thought about the quality of care their loved one now experienced at Sansa House compared to a previous placement it made them very emotional. They told us, "The manager and staff are first class but it's not just the big things they have done to make [their loved one's] life better, it is the 'little things' that show staff really care, like cutting their toe nails or their hair. He's never let anyone do that before but he really trusts [named staff] who's just like a big brother." The relative told us how staff regularly supported their loved one to play for the Basingstoke Strikers football team in their own time, where they had made lots of new friends and improved their fitness and physical health. The relative told us what the staff did to support their family member to play football was exceptional but the 'little thing' they will always remember is phoning up after a game on a wet and windy day to ask staff to make sure (their family member) washed their boots and kit to be told, "Don't worry we've already done it."

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them. For example one person's close relative was emigrating to Europe which would cause them heartache. We reviewed a social storybook which staff had created initially to explain the emigration but which they quickly amended to demonstrate a holiday the person was going on to visit their relative. This was then developed into a further social story about the emigration with the prospect of further holidays to look forward to. Staff had supported the person to come to terms with a potentially distressing situation in a manner which made them feel happy and positive about future visits to see their loved ones.

A health and social care professional told us, "The service has an excellent reputation based on the quality of care they provide and the empathy and respect the manager and staff show people."

Relatives of people living at Sansa House lived in different parts of the world, which made it more difficult to ensure those identified to be involved in people's care planning were kept updated. However, the registered manager composed monthly updates for each individual, which they sent to relatives nominated by the person. The provider had also recently installed person centred software (PCS) which was linked to the electronic devices staff used to record people's daily notes. This system also provided alerts when required, for example; to remind staff if people had initially declined their medicines. This innovative system enabled relatives to see what their loved one was doing at any given time through a 'relative's portal'. Clearly visible icons displayed people's moods so people authorised to visit their records could see at a glance how they were feeling. The relative's portal also had a gallery of photographs showing people enjoying themselves completing different activities.

Relatives provided positive feedback about the development of PCS. One person told us, "One of the strengths of this service has always been the joined up communication between relatives and the staff. They have always been excellent at providing important information, keeping us involved and updated. This new development again shows why they are always trying to make things even better." One relative told us, "I appreciate it is there and a great thing to have but I won't be using it because the contact I have with [registered manager] and her team can't be beaten. I know everything I need to know when I need to know it."

We spoke with the provider's positive support director who told us they were improving the capability of the PCS and in the next phase were going to include people's care plans and risk assessments so authorised people, including relatives and advocates where appropriate, would be able to access live documents. The provider used innovative and inclusive methods to ensure people and those that mattered to them had information available to them when they needed it.

Positive, caring relationships had been developed with people using the service which also recognised the caring relationships developed between the people who lived at Sansa House. Two people living in the home experienced frequent seizures due to their epilepsy. When people experienced such seizures and the staff response to support them, this sometimes had an impact on other people. For example, one person experienced a significant increase in their anxieties, which had an adverse impact on their mental wellbeing. When the positive support coordinator discussed their anxiety it became apparent the person was worried for their friend's welfare and wanted to help them. This person was very proud about the support plan, which had been created to detail their role in supporting people who were experiencing a seizure. This included the exact use of words by staff to direct this person what to do. The person proudly told us exactly what these words were and the action they had to take. This involved the person immediately going to their room to get an 'epilepsy pillow' which was always kept in the same place for such eventualities. When the seizure being experienced had finished, staff used prepared wording which informed the person that the seizure had finished, their friend was safe and well and the pillow could be returned. The person told us that doing something to support their friend(s) stopped them worrying and helped them to remain calm. This demonstrated the home had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view.

During our inspection we observed a person experience a seizure and staff immediately supported them in accordance with their epilepsy protocol. The person felt poorly and emotional after the seizure and required some peace and quiet to aid their recovery. We observed staff respond by providing the level of support and reassurance detailed in their epilepsy protocol. In the following hours we observed staff compassionately comfort the person, engaging in quiet low level activities until they were no longer feeling unwell. The support provided by staff had a positive impact on the person's emotional wellbeing.

Staff demonstrated how the PCS technology enabled people's relatives, who could be on the other side of the world, to review this incident, the action taken by staff and the person's recovery as it was recorded.

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them, which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives.

A health and social care professional told us "Staff at Sansa House are very good at treating people with dignity and respect especially when they are displaying behaviours which may challenge others, both in the community and the home." Staff had a clear understanding about how to provide person centred care which we observed consistently being delivered during our inspection.

Staff explained how they respected people when supporting them with personal care. This included keeping doors closed to preserve people's privacy, giving people choices and asking permission, which showed they respected people's individuality and rights. People told us they were supported to express their views and were involved in making decisions and planning their own care, for example; simple decisions like when they wished to get up and more significant decisions if they wished to change their support plans.

We observed people having discussions with staff and making suggestions on the level of support they needed to manage their own care. We found that staff listened to people attentively and provided advice in a way that they understood, which often meant ensuring the person was focused on them and checking they had understood correctly.

Staff told us they had received training in equality and diversity and understood the importance of respecting people's individual needs in relation to their age, disability, gender, race, religion or belief and sexual orientation. We observed staff consistently support people to meet their diverse individual needs in a caring manner, which often made them smile. Staff consistently demonstrated an in-depth appreciation of people's individual diverse needs, for example; one person was being supported with their emotional needs in respect of a developing relationship with their boyfriend.

Staff had a good understanding of the needs of the people they were supporting and were aware of their preferences and personal histories. We observed staff had good knowledge of what was important to each person living in the home and the individual goals they were working towards. Staff consistently communicated with people and provided support in accordance with their support plans.

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans extensively documented essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way. Each person had a plan which focused on their wellbeing and enabled staff to monitor people's moods and explore how people were feeling. People had a weekly one to one meeting with the positive support coordinator, or more frequently when required. This enabled them to discuss their care and welfare needs and staff to identify and provide the appropriate support required.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the project. This ensured people's personal information was only accessed by those authorised to do so.

Is the service responsive?

Our findings

People told us that staff listened attentively to their views and wishes and consistently took them into account. One person told us the positive support coordinator was excellent at making their dreams and ideas become reality. For example, whilst being supported in the community the person saw a poster advertising a night of professional wrestling. The positive support coordinator then supported the person to watch the wrestling promotion, and as a result they became an avid wrestling fan. The person's relative told us their family member regularly goes to the wrestling with the deputy manager and said, "It has become a real 'boys night out', which [their loved one] really looks forward to and enjoys."

Relatives consistently told us that the home provided good person centred care and support which was tailored to meet their family member's needs. One relative told us, "The registered manager is very friendly and responds positively to any of our ideas and suggestions." Another relative told us, "We are always consulted about significant decisions but if I'm honest it wouldn't matter if we weren't because [the registered manager] and the staff always have [their loved one's] best interest at heart in everything they do." One relative told us, "The staff like [named deputy manager and positive support coordinator] now know all of the people living here better than anyone else and they are so committed to providing opportunities to enrich their lives."

Health and social care professionals told us that the registered manager and staff listened to their advice and guidance, which they implemented effectively in practice, for example; guidance from a specialist epilepsy nurse regarding an increase in the number of seizures being experienced, and guidance from a dietician in relation to one person's significant weight gain. One health care professional told us staff were responsive to individual's needs and were committed to their best interests.

The positive support coordinator had completed training in person centred care planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs.

Staff had undertaken specific training to ensure they delivered care to meet people's unique needs in accordance with their support plans in relation to autism, learning disabilities, Down's Syndrome, bi-polar disorder, mood disorders, and epilepsy. Staff responded immediately to the needs of people throughout our inspection, in accordance with their support plans, for example; when they experienced a seizure or periods of heightened anxiety.

We observed staff were able to interpret communication methods and behaviours to respond to people who were not always able to verbalise their needs. The deputy manager had been appointed as the 'communications champion' and they had reviewed each individual's unique methods of communication and created boxes with each person's communication aids.

Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. We observed staff communicating effectively during our

inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

People's care and support was planned proactively with them, and where appropriate their relatives and relevant health professionals. People received good person centred care from staff who promoted each person's health, well-being and independence. People, relatives and care managers said they were involved in regular meetings with the manager and senior staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. People's needs tended to change frequently and plans were reviewed whenever a change was required, for example where people were experiencing more anxiety and displaying behaviours which may challenge more frequently. The registered manager, deputy manager and positive support coordinator met weekly to review people's needs, where any concerns or changes were recorded and addressed. Support plans contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured people experienced care that was consistent but flexible to meet their changing needs.

The registered manager sought advice and support from healthcare professionals and we observed staff followed their guidance. People, their relatives and health and social care professionals told us staff consistently responded to people's needs and wishes in a prompt manner, which we observed during our inspection, for example; one person had experienced a persistent skin condition which had not responded to treatment and was having an adverse impact on their quality of life. The GP had therefore requested a blood test to be taken, which had been subject to a valid best interest process. The deputy manager had arranged for a social story that had been used previously to be shown to the person to explain the need for the blood test. An appointment was then made with the district nurses to attend at the same time the person was receiving a visit from their relative, who would support them through the process.

Each person had a support plan to set their own goals and learning objectives and record how they wanted to be supported. The registered manager told us these were 'live documents' which were built on a step by step basis as staff gained more knowledge about the person being supported. Staff completed evaluation sheets with regard to each objective indicating whether it had been completed, whether it had been successful, the level of prompts required and whether people displayed any behaviours which may challenge. This information was then used in discussions with people to update their goals and achievements. Staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

Professionals from the community learning disability team made positive comments about the commitment of staff to support individuals to promote and respect people's choices and independence, while preventing them becoming socially isolated. People were supported to remain in contact with their family and other people important to them by using social media and internet facilities, for example; two people 'skyped' their loved ones in different countries daily at agreed times, while others spoke to their family members daily on the phone. Some people were supported to visit close friends and relatives away from the home.

Staff talked knowledgably about the people they supported and took account of their changing views and preferences. Staff told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed three handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities. Where staff had been allocated specific tasks we observed these had been completed.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. Staff had identified people's individual needs and interests and arranged activities to meet them. Where the positive support coordinator and deputy manager had linked activities to people's health action plans we saw these were evaluated, for example; one person had gained a significant amount of weight. This person was very active and had a healthy appetite so they had a combined diet and exercise plan. This encouraged the person to engage in physical activities they enjoyed such as trampolining, heavy lifting, gardening tasks like digging and vehicle cleaning while strategies were carefully used to encourage the choice of healthy options to eat, such as fruit and vegetable sticks. We noted one risk assessment clearly outlined that only staff who could keep up were allowed to support the person on bike rides.

People were encouraged to take part in other activities of their choice outside the home, such as swimming. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others which had been linked to people's positive behaviour support plans. We observed positive behaviour management and sensitive interventions throughout our inspection, in accordance with people's personalised positive behaviour support plans which ensured people were treated with respect and dignity and their human rights were protected.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since the last inspection there had been one complaint, which had been managed in accordance with the provider's policy to the satisfaction of the complainant. Where required the registered manager had made improvements to the service based on feedback, such as providing air conditioning in one person's room who did not like being too hot.

Staff knew the provider's complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The registered manager spoke with relatives whenever they visited the home to find out if they had any concerns or whether there were any improvements required. The registered manager and staff were responsive to people's concerns and complaints.

People and relatives were also able to raise issues in their monthly reviews with the positive support coordinator. One relative told us they had raised a concern to the registered manager who had responded promptly and taken steps to address the issues raised. The registered manager had apologised and informed the family of the action taken and ascertained whether they were happy with the outcome. Necessary learning from these concerns was implemented to prevent the risk of a recurrence and to improve the service.

Is the service well-led?

Our findings

The provider sought to give people living at Sansa House the power to take as much control as they can to live happy and fulfilling lives. The provider's ethos was built on supporting people to communicate their needs and wishes and by understanding their behaviour, to identify distress early and respond positively, in a non-restrictive way. During our inspection we consistently observed staff intervene early in a sensitive, compassionate manner when people appeared to be becoming more anxious and agitated. This proactive approach had led to a significant reduction in the necessity for staff to intervene in a restrictive manner. The registered manager was an accredited trainer in this nationally recognised proactive approach which had been developed by the provider's chair of directors. As such their guidance and expertise was regularly sought, in relation to best practice in the application of this approach.

The provider's philosophy and values were evident throughout the home and were clearly understood and supported by staff. We observed staff demonstrate these values in practice, while supporting people in their day to day lives. Staff consistently encouraged people to promote their own independence at their pace. We observed staff demonstrate a well-developed understanding of equality, diversity and human rights in the day to day support they provided for people. For example, staff always sought permission before entering people's personal living space next to their bedrooms.

The registered manager had developed and sustained a positive culture in the home encouraging staff and people to raise issues of concern with them, which they always acted upon. People and relatives consistently praised the registered manager for swiftly responding to any concerns, for example; one relative had raised concerns about their loved one being supported by staff of a specific gender. The registered manager immediately ensured that staff supporting their family member were of the preferred gender. Relatives told us that whenever they had an issue it did not matter which member of staff they told the matter was acted upon quickly.

People and their family were involved with the home in a meaningful way, helping to drive continuous improvement. People's feedback about the way the home was led described it as consistently outstanding. People, relatives and staff told us that there was a close family atmosphere in the home where people cared for one another. Without exception, people and relatives told us the 'exceptional' registered manager was responsible for creating the caring and supportive environment at the home. One person told us, "[The registered manager] has helped me to have a happier life." A relative told us, "I'm so glad we found Sansa House because it is the perfect place for [their family member] or anyone who needs love and understanding. And everything flows from her [the registered manager]. Everyone has their favourite member of staff but they all love her."

Health and social care professionals told us they experienced very good communication with the registered manager and staff who were always open and honest. The registered manager had encouraged a caring environment within the home, which was person centred and empowering. The provider had a clear vision and values published on their website, which explained how they embedded their philosophy. Staff consistently referred to the registered manager as an 'outstanding' and 'inspirational' leader, due to their

unswerving loyalty and dedication to the people living at Sansa House. One member of staff told us, "Every so often you see someone like [the registered manager] who have the gift for saying and doing the right thing at the right time to make people feel happier. The registered manager was always readily available and they had protected time clearly displayed if staff or people wished to speak with them personally about anything. One staff member told us, "The manager is extraordinary because they have the ability to support you in a way that reassures you but also makes you feel valued and that you are an important part of the team." Another staff member told us, "All the managers are excellent and complement each other so well, that's why it's such a great place to work. I've never worked anywhere else before where I actually feel it is a joy going to work."

The registered manager was determined that people living at Sansa House should receive quality care based on current, recommended best practice. The registered manager had access to guidance from the provider's training centre, including a team with recognised expertise in the field of clinical psychology and learning disabilities. The registered manager had completed their own research and was supported by the provider to attend specialist conferences in relation to autism and learning disabilities. The provider was supporting the registered manager to complete further training in relation to understanding and applying low arousal approaches to support people with behaviours which may challenge. The registered manager also attended local providers' forums, where they could access relevant seminars for example; Improving the Lives of People with Learning Disabilities. This ensured the registered manager had received individual training or access to best practice to provide support to people with autism or learning disabilities.

The registered manager had been instrumental in developing the provider's new competency framework, which defined the necessary competencies and level to be achieved to fulfil each role effectively. This framework identifies areas for development to drive continual improvement in the quality of care provided, for example; in relation to communication and protecting people's rights.

The management team had built strong links with local specialist epilepsy nurses, which ensured staff provided excellent care to people to support their complex needs in accordance with best practice detailed in their unique epilepsy protocols. People who experienced frequent seizures told us they were able to access the community without worrying about their next seizure because all the staff knew how to support them and keep them safe. This meant their quality of life was enhanced because they were able to do what they wanted to do.

The positive support coordinator had developed effective links with the local community learning and disability teams and dietetic specialists. This had resulted in a coordinated approach to each person's diet and exercise plans, based on current best practice, linked to their personal goals and social development programmes. The quality of each person's life had been enriched by the focus on their physical wellbeing, for example; one person's self-esteem and increased energy had led to them socialising more and making new friends. Another person had experienced a significant reduction in their anxieties and decrease in the administration of their prescribed medicines.

The provider sustained outstanding practice and achieved recognised quality accreditation schemes. The provider's founder and chair of directors had been awarded an MBE in the Queen's 90th birthday honours for services to education, which had made people and staff immensely proud, demonstrated by photographs. Staff told us the commitment and determination of the chair of directors to provide the best quality of life and care possible to people with learning disabilities, clearly set the expected standard to follow.

The provider recognised staff achievements at an annual ceremony. Since our last inspection the registered

manager had been recognised as the provider's Manager of the Year and more recently received the award for 'Exceptional Service', which was nominated and voted for by staff. The award for services to the community was presented to a member of staff at Sansa House for volunteering in their spare time to support homeless people and young people who needed emotional support and guidance. At this ceremony the provider also celebrated special links forged by people within the community, for example; one person supported by staff, had developed a close bond with the retail staff of a local gaming and electrical store. We spoke with the manager of the store who was proud to receive the award and told us how they enjoyed supporting the person to find the games and DVDs of their choice. The provider has been accredited with a bronze award from 'Investors in People'. This standard defines what it takes to lead, support and manage people well to achieve sustainable results.

The registered manager was an accredited Autism Ambassador and had begun to formulate their 'I will' pledge. This is a statement detailing how the Autism Ambassador will make a small change to make a big difference for someone with autism. The registered manager was developing a system for all staff to identify their own "I will" pledge for individuals at Sansa House living with autism.

The management team demonstrated clear and direct leadership. People and staff told us the registered manager was highly visible, always portrayed a positive image of the home and the people it supported. Staff demonstrated a clear understanding about their roles and responsibilities and how they related to people, other colleagues, the management team and supporting health and social care professionals.

People received a high standard of care because the management team led by example and set high expectations of staff about the quality of care people should receive. The registered manager had extensive experience and knowledge of supporting people who lived with learning disabilities and autism. Throughout the inspection we observed how the registered manager was committed to providing staff with a clear focus and guidance on the care and support people required, for example; providing reassurance to a person who was becoming anxious and to another who had an appointment with a visiting healthcare professional. When an inexperienced member of staff sought guidance from the deputy manager about how to support a person we observed how they discussed the circumstances and led the staff member to reach the answer they required themselves. We then observed the deputy manager support the staff member whilst they applied the advice and guidance supporting the person. Staff felt the home was very well managed and said they were encouraged to make suggestions to drive improvement. Staff told us they were able to question care practice and suggest areas for improvement. For example, ideas to support people with their diet and exercise plans and to further respect their privacy had been implemented. The management team supported suggestions that had a positive impact on people's lives and led to the development of the home.

We reviewed the records of a person who had recently moved into Sansa House. Staff were supporting this person with complex needs in conjunction with health needs perpetuated by a serious recurring injury. Health and social care professionals made positive comments about the support provided to this person by the registered manager and staff. One health and social care professional told us staff had been very committed to supporting the person, had worked hard to build relationships with the person's family, were keen to work with external professionals, including challenging behaviour specialists, and had been responsive to any feedback. Social stories and other documents demonstrated the thorough planning into welcoming the new person into the home, while supporting the anxieties of other people already living there. The service worked effectively in partnership with other organisations to make sure they were following current practice and providing a high quality service.

Quality assurance systems were in place to monitor the quality of service being delivered, which were

effectively operated by the management team. The provider completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored during the next visit to ensure continuous development and improvement, for example; a recent audit identified some risk assessments needed to be updated, which we confirmed had been completed by the target date.

The registered manager, supported by the provider, had employed a person who had lived experience of a lifelong developmental disability, which they had declared in their recruitment process. The registered manager and positive support coordinator embraced obstacles in relation to this and devised an individual training and support programme, together with relevant risk assessments and supervisions. This also included unanimous peer support from other staff. This person told us the support from the registered manager, the management team and other staff had been "fantastic". They told us, "They know my strengths and weaknesses and are always there when I need them and if I need extra help to learn things my mentor is there to support me." The staff member told us how their personal disability provided them with an insight into the behaviour and feelings of some of the people being supported. This clearly demonstrated the provider's respect for diversity and commitment to providing staff with equal opportunities.

Records were stored securely and in an organised way which meant staff could access information easily. Reviews of care plans and assessments were completed in accordance with the timescales stated and information was clearly presented.