

Care Futures

Beck House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Beck House is registered to provide accommodation and personal care for up to 23 younger adults with a learning disability, autistic spectrum disorder and associated complex needs. There were 18 people at the home on the day of our visit.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was homely and intimate and therefore allowed more personalised support. Its location also supported these principles by being close to shops, other amenities and public transport links that reduced risks of social isolation and strengthened links with the local community.

People, relatives and health professionals commented very positively about the caring ways that staff supported people at Beck House. We saw this through observations of people and staff together. We also saw this in the clear positive outcomes for the people at the home. Relative's told us how their relatives was always very happy to come back to Beck house and was always greeted with warmth and kindness by the staff.

We saw how staff were very compassionate, kind and sensitive. Staff had built up warm relationships with the people they supported. People were seen to be very relaxed in the presence of staff. Relatives and professionals confirmed staff looked after people to a very high standard.

People were supported with their needs by a staff team who were skilled at understanding each person's needs and aspirations. The team had a really good understanding of each person's complex learning disabilities and certain people's sensory impairments. Staff supported people to be as independent as possible in all areas of their life. This was through positive engagement with them. Information was available in each person's preferred format including policies and procedures such as activity programmes and complaints.

People received a service that was flexible and adapted to their changing needs and wishes. This enabled people to have positive outcomes in their daily living. People felt a part of their community, and valued living a meaningful life both in and away from Beck House. Each person had their own very flexible timetable of activities. These were reflective of people's hobbies and interests. They also included goals that people could achieve. People were well supported to develop confidence and social skills by interacting with peers regularly. People were also supported by staff to plan trips to visit relatives that did not live locally and to go

to places and venues further afield and abroad.

The registered manager and provider were highly praised for their support. People, staff and relatives felt they were extremely open and approachable. Staff felt part of an open and empowering culture where they were respected as individuals and as part of a team. Relatives had very positive views of management. They said they always felt welcomed and kept up to date with how people were.

There was a clear person-centred culture that was fully embraced by the staff team. The staff were delivering a consistent approach and were encouraged to support people to try new things and to make positive changes in their lives. The provider, the registered manager and staff team all had a very strong understanding of positive risk taking. There were positive behaviour support plans in place. These helped ensure that staff supported people to stay safe and still develop to their full potential.

The provider, registered manager and staff promoted a positive, inclusive and open culture, this approach has a positive impact on the quality of the service people received. The structure of the service had been reviewed and adjusted so that teams worked in two much smaller groups. This had led to people getting to know the staff who supported them even better and building up even closer relationships with them. It had also helped ensure that senior staff were always available to support staff and people when needed. The service worked closely with other organisations to improve care for people with a learning disability. There were robust quality assurance systems in place to monitor the service. These identified potential areas for improvement, and actions were taken to improve these.

The provider had developed and improved the quality monitoring systems. These helped ensure that the service was safe and of a high standard. Quality audit systems were in use and up to date. There were checks that were regularly carried out by both the provider and registered manager. Feedback was sought from people, staff and relatives. This information was reviewed and actions taken when needed, to improve the service even more. The provider worked in partnership with other organisations. They showed how they took part in good practice initiatives. These were aimed at further developing the service. People and staff had regular meetings where they were given updates on the service and the opportunity to voice any concerns. The registered manager looked for ways to continually improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service improved to Outstanding.</p> <p>People were really well supported with activities of their own choosing and they were encouraged to achieve personal goals. People had unique flexible time-tables that were varied and promoted independence and social engagement.</p> <p>People each person had their own in-depth care plan tailored to their unique needs. The values of the services placed a strong emphasis on using innovative techniques to promote people's quality of life.</p> <p>Beck House supported and encouraged people to have close links to health professionals. Relatives felt the home had a very positive impact on their relative's wellbeing and health.</p> <p>People, relative's and staff knew how to make their views known. People were actively encouraged to feedback how they felt. People felt listened to and that their complaints were taken seriously and responded to promptly.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service remains good</p>	<p>Good ●</p>

Beck House

Detailed findings

Background to this inspection

This inspection took place on 7 March 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one inspector. Many people were not able to tell us their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the 6 people who lived at the home.

We interviewed three members of staff and the registered manager. We spoke to the registered manager and a senior manager. We received email feedback from five relatives and two healthcare professionals.

We pathway tracked the care of three people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

People were safe and protected from abuse and avoidable harm. Staff demonstrated that they had a good understanding of the different types of abuse that could happen to people. Staff confirmed they had been on training about recognising harm and abuse and were able to give us examples of what they would look out for, the actions they would take and who they would report their concerns to. Staff we spoke with also understood what laws were in place to protect people's rights and aim to keep them safe from the risk of abuse. There were copies of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand way to make it easy to use. There was information from the local authority advising people how to report abuse if they were concerned about someone. The registered manager reported all concerns of possible abuse to the local authority and told us when they needed to.

Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact. We also saw that safeguarding and whistleblowing was raised with staff at supervision sessions. This included ensuring that staff knew how to raise any concerns. Staff we spoke with confirmed they had attended training about how to safeguard people from harm and abuse. Staff told us they felt confident and easily able to report any concerns and raise any issues with management.

Health and safety checks were undertaken to monitor the environment and equipment to ensure they were safe. The maintenance records confirmed that requests were made to the provider's health and safety team, and addressed promptly. There were infection control producers in place to help to keep people safe in the home. Staff used a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, different coloured cleaning equipment was used to keep toilets clean and was not used to clean bedrooms and communal areas.

The registered manager told us that domestic staff were employed for seven days a week to try to keep the home clean and hygienic. Staff had been on training in infection control and food hygiene. This was to help ensure that staff had the relevant knowledge to maintain a hygienic environment. We looked at the kitchen area of the home and saw that there was a dedicated basin for hand washing. Throughout the home, hand cleaning products were available. This helped minimise the risk of cross infection. A fire risk assessment had been carried out of the premises and how to keep people safe. External companies checked the fire safety equipment and fire detection systems. The fire safety records confirmed that regular fire checks had been completed. We saw that regular fire safety drills were undertaken.

Risks people may present to others were well managed. Care plans showed that staff had written down information about how to keep people safe and in particular how staff should deal with any behaviour that may challenge others. Risk assessments had been completed for people and an in depth risk assessment was completed on admission and reviewed six monthly. In one person's care record for example, we saw

that a risk assessment had been completed following an incident between them and another person who lived at the home. We looked at the incident reporting system and saw this incident and others had been reported and investigated in a timely manner and that recommendations had been put in place to try to minimise future risks.

People had their needs met by enough suitably competent staff who understood how to keep them safe. There was also enough staff to sit with people and spend time with them engaging them in conversation. The staffing rotas also confirmed that the home had the number of staff needed to provide safe care. Where there were staff shortages, this had been planned for and cover was in place. The registered manager explained how the numbers and skill mix of staff on duty each day were regularly reviewed. This was to make sure there was a safe number of competent staff to meet the needs of people at Beck House. These numbers were altered and increased whenever needed. When people were physically unwell for example and needed extra care and support. We were told that agency staff could be used if necessary.

People were protected by the provider's recruitment procedures for employing new staff. These procedures helped to ensure people were supported by suitably qualified and experienced staff. We saw that thorough employment checks were undertaken before a new member of staff would start work. There were records maintained of the interview process for each person who was recruited. References were obtained, one of which when possible was the last employer. Where someone had gaps of time in employment history, this was discussed with them to find out the reasons why. There was also a Disclosure and Barring Service (DBS) certificate carried out for each member of staff before they could start working for the organisation. A valid DBS check is a legal requirement. It is carried out to prevent unsuitable staff being recruited to work with vulnerable people.

Medicines were looked after and given to people safely and when needed. They said the homes medicines managements systems were much improved. Medicine administration records we viewed had been completed accurately and were up to date. The medicines disposal book had been filled in correctly. The home had a contract with a local company for the removal and disposal of unused or unwanted medicines. People told us they received their medicines at the times they were needed. Some people had been prescribed medicines to be given only when needed. These medicines were to help reduce any episodes of anxiety. Staff told us how they would try to reduce anxiety before giving medicines. We saw staff try these techniques with people during our visit. There was guidance to support senior support staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely. We saw part of a medicines round during our visit. Staff made sure they followed the provider's medicines policy. The senior staff gave people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines. Medicine was also stored securely in a locked storage facility or the refrigerator. Medicines that required additional security were regularly checked by staff. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness.

Is the service effective?

Our findings

The staff supported people using approaches that showed they knew how to effectively meet their needs. Staff maintained a calm manner and a positive approach with people when they assisted them with their care. Staff demonstrated they understood how to provide people with effective support with their care needs. They told us how they worked with people in different ways to help them to live a full and meaningful life. They told us their role included helping people with activities of daily living. They gave us examples of how different people's needs were met. Certain people liked quiet and privacy, and some other people valued being close to staff and engaging them in good humoured banter. These different needs were respected and we saw staff responded to people according to how they liked to be supported.

Professionals confirmed staff worked closely with them. This was to provide guidance and treatment to effectively support people's range of health needs. Some people had very complex nutritional needs. Guidance from dieticians and speech and language therapists was included alongside the person's care plans. People's nutritional needs were identified. Care plans contained detailed information about any potential risks, as well as preferences for food and drinks. The type of support each person needed to prepare and eat their meals was clearly explained. We saw staff follow the guidance in the care plans and support people effectively and safely with their nutritional needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful.

Care records set out clearly each person's mental state and ability to make decisions. Records included up to date documents which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had been on training about the MCA. The staff told us, and we saw that they were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how capacity was assessed and fully taken into account when needed. When a person was thought to lack capacity, there were clear instructions within care records as to how to support them in their best interests. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise. Each member of the team had good knowledge of the Mental Capacity Act. They showed in conversation with us and in the approaches used with people that they understood how to apply these principals when they supported individuals at the home. The registered manager told us how they would ensure the Deprivation of Liberty Safeguards (DoLS) were used appropriately.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they were supported to see their doctor if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health and wellbeing. Care plans included guidance when people had seen other healthcare professionals or services. For example, we met one person who was being supported by staff to attend a medical appointment on the day of our visit.

Staff said they were very well supported by the registered manager to be able to effectively support people with their needs. Staff received regular one to one supervision and they told us meetings were useful because they helped them to understand people's needs. Records confirmed staff were being regularly supervised in their work and the quality of their performance. Staff had been on a range of training courses to enable them to support people effectively. Staff spoke positively about the training and learning opportunities. They said they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about learning disability issues, mental health issues, health and safety matters, food hygiene, first aid, and infection control and medicines management.

New staff were properly trained and supported in their work. There was an induction training programme for all new employees. The senior manager we met told us the induction programme had been reviewed and expanded. This was aimed at further developing new staff in their role. It had made the induction for staff even more thorough. It covered all the necessary information that it was felt the new employee needed to develop and do well.

Completed records showed that the registered manager had ensured staff had received proper training before they began work with people at the home. The staff induction programme addressed a number of areas for staff. Key training was given to help staff understand the complex range of needs of the people who lived at the home. These included fire safety, safe working practices when supporting people who are angry in mood, safeguarding, infection control, moving and handling, equality and diversity, practical skills, medicines and care planning.

Is the service caring?

Our findings

Relatives gave us extremely positive feedback about the care their family member received at the home. One person told us "We were immediately impressed by their mission. I believe that their care in appointing and training staff has been fundamental in the organisation that it was and continues to be today. It never ceases to amaze me that young women (and some men) will take on such a difficult role with love and dedication. They care for their clients, as my relatives health has deteriorated, they have adapted, and continue to care for them with love and dedication, and I rest easy, aware that they receive the right care within the right environment. "

Another relative said, "Our relative has been a resident at Beck House for a number of years and we are more than happy with the service she gets. We see them every week and take them out; they also come on holiday with us. Their needs have become more complex as they have got older but the staff are very good with them and always keep us informed of any new developments. Their key worker puts in a lot of effort to make sure they have the clothes they like and opportunities to visit places they are interested in. We have invitations to special events and enjoyed sharing the Christmas party and some themed garden parties. When we bring our relative back after an outing they are always glad to be back in the home and goes off to get someone to make a cup of tea for her. This is an indication to us that they are is happy and settled at Beck House."

A further comment from a relative about the caring nature of the staff and home was "My relative is very happy at Beck House. The staff are very caring and dedicated, always willing to discuss any problems or concerns I may have as a parent. As a family we feel they receive the best help, encouragement and care they need to assist him through each day. My relative needs a lot of help with personal care and staff always have time to deal with this and I feel proud when we take them out as care is taken with how he presents especially re clothing which is important to him.

I am always involved in case reviews and as a family we enjoy the social occasions organised by Beck House which brings everyone together. We receive newsletters regularly and are always kept informed of any changes within the home that may concern us. We are always welcome to visit whenever we wish. The decor of the home is very pleasing and welcoming. My relative has a very pleasant bedroom which is his haven. Much thought was given by his Key Worker to the colour when decorated to help provide a peaceful environment for them."

We read a number of cards from relatives of people who had died at Beck House and been supported during this time, Relatives said staff had been "compassionate and caring" and provided exceptional care for their relatives.

Beck House had a very strong person centred approach in line with the government's 'Autism Strategy' and 'personalisation agenda'. Each person was encouraged to take an active part in devising an individual programme of care and personal development. This was to ensure their needs were met and their preferences for how their needs were met were actively promoted. The staff team had been trained to follow and use a person centred approach. This helped them to know how to support and enable people in their

daily life. Staff told us and we saw that they were very motivated and they engaged very warmly with people about all aspects of their daily life.

Staff promoted people's privacy and showed that they respected their dignity. Staff had been on training to help them fully know how to respect people's privacy, dignity and confidentiality. When people wanted a quiet time on their own this was respected and encouraged by staff. Staff discreetly checked on their wellbeing in a respectful way. A person often wished to stay in their room. As this person needed one to one attention from staff; a member of staff would discreetly and unobtrusively check on them to ensure they were safe.

The provider's values were known and embedded into the way the team worked. These values emphasised care and respect for people and promoting independence and fulfilment in their daily life. Staff had built up extremely supportive strong caring relationships with people. They knew people very well. The staff spoke with real warmth and regards for people and their personalities and preferences. People engaged staff with interactions and staff followed their lead whenever they could. There was a constant feeling of equality between people and staff, with plenty of warmth and gentle humour. These interactions showed how staff treated people with care and dignity at all times. The staffing levels meant that staff could be (and were) actively involved in the social side of people's care and daily life. People and staff enjoyed group work and quality one to one time in the community. This was appreciated by staff who regularly volunteered to assist with outings and celebrations in their own time.

One person enjoyed teasing the staff who were constantly heard engaging with them. The person found it really enjoyable when they could gently tease the staff. This helped to show a sense of equality between staff and people. Staff were also planning a trip abroad with the person to a place they had always wanted to go. This showed how people were supported to fulfil their wishes. People were encouraged to see visitors whenever they wished and were supported to build relationships with people outside of Beck House. There were regular interactions and events and activities between people and friends from the provider's other services. Barbeques took place in warmer weather as well as small trips out for people from their home to see friends who lived elsewhere. One person had recently had a birthday and they liked to celebrate this. A party with guests had taken place. There were photos of this event and the person concerned enjoyed looking at these. These activities and events showed that the staff worked hard to support people to feel fulfilled and that they mattered in their daily life.

Staff took a great deal of time to find out about people's personal routines and preferences and this was fully documented in the plans of care. Care plans were full of up to date information about the unique interests of each person. They also set out people's preferred day to day routine in activities of living such as getting up, social interest, personal care and meal and drinks preferences.

People who wanted to were supported to have a lot of input into their plan of care and these were written from the person's view. Psychologists and specialist nurses worked alongside staff to find innovative ways to involve people in planning their care. These ways included the use of a range of communication tools, meetings and information gathered relating to people's behaviours which may challenge.

Care plans were provided in an easy read format when suitable. Support was also given from the local SALT and occupational therapy teams to increase staff's awareness of ways to increase the effectiveness of non-verbal communication. If people could not express their views about their care, staff used their previous decisions and choices to help them understand. One person for example could become very anxious and agitated but could not say why. Staff had got to know how they could be feeling by interpreting their body language and facial expressions.

People were very well supported by staff who promoted their independence and encouraged them to develop new skills. For example, some people went to the providers' day service that was located nearby. People were supported there in a wide range of activities. For example, some people went to the provider's day service that was located nearby. People were supported there in a wide range of activities. Staff said some people took great pride in being supported to make food and snacks. Staff took plenty of time to talk to people when they came back from their day out. Staff asked them about their day and spent time with them.

People were encouraged to have visitors whenever they wished and were supported to build relationships with people. Some people had seen changes in their relationships with family members due to them becoming older. Staff had worked with people and their relatives to establish the best way to help the person understand the changes. They also sought other ways for the person to connect with family members by having them share photographs of their activities and sending them a regular newsletter.

Is the service responsive?

Our findings

People and their relatives told us staff were exceptional and had "amazing" skills, as well as an in depth understanding of their needs. Staff understood very well each person's values and beliefs that influenced their decisions on how they wanted to be cared for and supported. For example, some people were very sensitively supported to express their sexuality in a safe and non-judgmental way.

One relative told us the service provided care and support that was "Exceptional". Relatives also said they were treated like family by all of the staff. They said staff were exceptionally welcoming and we saw they were always invited to have a drink or a meal at the home.

A health and social care professional who specialised in end of Life care commented about the staff at Beck House. They said that the staff had provided care that was exceptional and compassionate to someone who was receiving end of life care at the service. Another healthcare professional wrote to the home after two staff had supported a person at their establishment. They commented on the very sensitive supportive approach that the staff showed towards the person. They said this had assisted the person to be able to cope with the particular medical appointment.

People were supported with end of life care that was sensitive and flexible to their needs and to those of their families and friends. We read feedback cards from relatives whose family members had been supported through the end of life care journey at the home. Relatives said that the staff and registered manager had fully supported them and provided very sensitive care for their relatives at this time. The staff had developed very close relationships with all involved in people's end of life care. The home worked collaboratively with other health care professionals and this helped make sure their needs were understood and met. Care plans showed that despite their learning disability people were supported to make informed decisions about their end of life care and treatment preferences. Feedback from relatives showed that the home had provided timely, sensitive and consistent support. We also saw in the care plans around end of life care that people's communication needs were identified as a key need. How to support people sensitively at this time was clearly set out and explained.

People received care which was extremely flexible and responsive to their individual needs and preferences. Each person had a personalised care and support plan as well as a documented list of the activities they enjoyed. This had been set up to ensure people had access to activities which they could choose on that day. For example there were trips and activities relevant to individual needs. Several people go to see shows at the theatre where there is wheelchair access. One person was supported by staff to see the England v Germany football match at Wembley Stadium. Many people found that staying away on holiday was a change too far so the service arranged regular day trips for them. The provider also explained in their PIR some of the ways they ensure they provide a service that was exceptionally responsive. We have quoted here some of what we were told. 'We provide trips and activities relevant to individual need. Several people go to see shows at the Theatre where there is a wheelchair platform. We encourage even the smallest task of independence, an arm up for dressing, finger pointing, choosing drinks or clothes for the day, switching on the bedroom light at bedtime. We arrange regular in house aromatherapy. People benefit from Music

Therapy. We support Hydrotherapy sessions, swimming sessions at local pools, horse riding and meals at local pubs and restaurants. All of these excellent examples of well-planned care and support were seen at our visit to Beck House.

Care plans and risk assessments had been created in a pictorial format. Photos of the person taking part in certain activities had been used to help each person understand their care documents. People had been fully involved in devising the care plans and the photos taken. This was a creative way to support people to be involved in and to understand the ways they were being cared for and supported. The information we read in people's care records showed they had been actively encouraged to plan and decide what sort of care and support they felt they wanted.

The provider encouraged independent feedback about the care and services at the home. They had uploaded information about Beck House onto an independent website that rates social care services. There were six reviews about Beck House that all rated the home as five stars. One person commented that the home provided 'excellent care.'

The provider was open to new initiatives to ensure a highly responsive service. The senior manager, registered manager and some of the staff told us how the staffing deployment at Beck House had been changed in October 2017. Based on suggestions from the team, staff were now split into two groups. People were cared for in smaller numbers. The staff said this had increased their flexibility and responsiveness. They gave us examples and said people were much more relaxed with seeing a small group of staff. They said people were calmer and more confident. People were also able to take part in more one to one activities due to the adjustment and increase in staffing numbers and the way they were deployed. Information in the care records also confirmed that there had been few incidents of behaviours that could challenge others since the staff team had been split in two in this way.

People's care plans were person centred and they set out the type of care and support each person required. Individual's personal qualities, passions and personalities were described, as well as their likes and dislikes. We saw these had been responded to by supporting people to achieve new targets and live life to their full potential. The provider worked with learning disability specialists and professionals. This was to help to raise community awareness and understanding of the challenges people with learning disabilities face. This showed how the provider promoted inclusion and equality. Care plans included an 'essential lifestyle plan'. These included, headings about 'who I am', how to get to know the person, how they communicate their feelings, and their 'likes and dislikes'. The way people preferred their routine was detailed and it was clear that staff and people had spent time together writing these plans and updating them. This information was a clear way to minimise the likelihood risk that people may need to complain about the service. People were at the centre of discussing and reviewing all aspects of their care. For example, the registered manager and staff took time to go through people's care and risk assessments to ensure the person was at the centre of their care and their views were respected. Care records and conversations with the staff and other professionals showed they were compassionate and proactive about planning people's wishes.

Staff went the extra mile to support people to meet their social and leisure needs. The staff understood the benefits to people's wellbeing this provided. Staff supported people on more unusual activities and on holidays in a variety of places in the UK and abroad. Staff members also regularly came in on their days off to take people out to social event and day trips to place they wanted to go to. These included trips to the seaside at Weston super mare

Staff demonstrated that they fully understood what caused each person stress or anxiety in their life. To reduce these feelings the staff developed multiple ways to work with people. For example, the service used

animals and animal care in this way. One person regularly bought their dog to the home. Staff told us people responded very positively to this experience. Other people had gained in confidence by going horse riding. This had also helped the person improve their confidence and feel steadier with their mobility.

The provider was working with a local hospital to better support people with a learning disability to be better prepared in the event of a medical emergency that may mean they need to go to hospital. People each had a personalised 'red bag' ready in their rooms with the times they could need this in the event of an emergency admission to hospital. The red bag also included information about the person's general health, any existing medical conditions they have, medication and any current health concern. This also meant that ambulance and hospital staff could support the person more effectively. This practice was aimed at making the experience of going to hospital less stressful for people. This was an excellent example to demonstrate how the registered manager had engaged with other organisations to enhance the quality of life for the person. We found many further examples of how people were very well supported to live full and meaningful lives both in and out of the home. Staff had an excellent understanding of the needs and aspirations of the people living at the home and had found creative ways to enhance their skills and independence. The registered manager told us they were supporting people to take back some independence.

Relatives and staff were encouraged to give their views and to raise concerns or complaints. None of the people we spoke with had any cause to raise concerns and told us they were happy with the service their family member received. The registered manager and staff confirmed any concerns or complaints were taken seriously, explored and responded to. Complaints were seen as a way to 'drive' improvements, although there had not been any complaints received since our last visit. Some people were given a simple pictorial complaint procedure to help them understand. The registered manager and senior manager also met with people and relatives to find out chief they were satisfied with the service. They also reviewed people's care and support with relatives. In addition they had regular meetings with people and families to give them an opportunity to express themselves freely. The registered manager had introduced an individual complaints diary for each person. The aim was to improve support to people individually and protect people's rights. People were supported to discuss how they felt and to speak up for them and ask for what they would like.

There were pictorial guides that were handmade by the service to support people with basic understanding of the home. There were also pictures to help certain people understand more complex procedures and routines that they could have to face. Staff we spoke with all told us of the importance of accessible information for the people they were supporting. This helped people express choices, and plan ahead for their day.

The provider also explained in their PIR some of the ways that they ensure they provided a service that was highly responsive to people's needs. They explained how the team have very good observation skills and know people very well. This helped ensure staff spotted any warning signs of changing health needs early. It was also explained in the PIR how there was very good teamwork and the whole team were part of the care plan review process. The service liaises with the Community Health Team to assess people's needs to achieve the required outcome. The service keep families informed of any changes and let them know of any consultant appointment results or of any test or changes around their care and support needs. One of the key objectives of the service includes learning from any mistakes so that the same issues do not arise again. All of these are excellent examples of well-planned highly flexible care and support.

Is the service well-led?

Our findings

Relatives were very positive about the staff team and the management and the support their family members received at Beck House. Throughout our visit we saw people responded positively and in a relaxed way with the registered manager. People looked comfortable in their communications with them. The registered manager told us they promoted and encouraged the values of ensuring people always received care that was safe and of a very high standard. They also said they were fully committed to providing people with all of the support they needed to develop social, communication and life skills. This was to enhance their wellbeing and quality of daily life. We saw how people were supported to make choices in their daily lives and to fulfil their wishes and gain independence. Our observations showed that this was well embedded within the staff team who shared and promoted these values.

The registered manager was open to new ideas and always sought the senior manager's views about proposed improvements. The registered manager told us the provider would do anything for the people at the home. They also said the provider was always very interested and involved directly in what was happening in the home. The registered manager and the senior manager told us they stayed up to date with best practice in the field of adult social care and learning disabilities by going to meetings with other professionals in the sector. We saw that the registered manager shared information and learning from these meetings with the staff team. We saw that they read current research about health and social care matters.

The registered manager and senior staff led by example and were positive role models in their approaches. Based on our observations and conversation we saw that the staff shared their vision for providing the best quality of person centred care. The staff knew what the provider's visions and values were. They explained the values included being person centred and treating people as if they were living in their own home. The staff told us that they made sure they took the values into account when they supported people at the home. This ensured the vision and values were put into practice.

People views were taken into account about the home. For example, menus had been revised and updated. Plans for holidays were also being put in place based on people's views and opinions. We were told that people who lived at the home were involved directly when recruiting new staff. This showed how people were being actively involved in how the home was run.

The registered manager and a senior manager for the provider completed regular quality and health and safety audits in the home. The senior manager who was a representative for the provider visited the home regularly to meet with people and staff. They wrote a report after their visits. Their reports highlighted actions for the registered manager to take after each visit. These included reviewing the staff deployment to ensure the staff numbers and the way they worked best suited people's needs.

The registered manager clearly understood their roles and responsibilities. The registered manager was open to new ideas and always sought the providers view about suggested improvements. There were systems in place to check and monitor the quality of the service provided. When we checked the health and safety audits we saw that these had had identified the shortfalls in health and safety. We read the minutes of

recent staff meetings records and we saw that health and safety matters were raised with staff at each meeting.

Team meetings took place regularly and the team said they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to address up. Staff were encouraged to perform well and develop to their full potential. The provider had introduced a scheme to recognise good care and service at the home. A financial reward was given to staff for high quality care and good outcomes in the home. The staff told us this award made them feel very valued and appreciated. Staff completed a staff survey which asked if they were happy working at the home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager and the provider.