

Care Homes for Adults with Disabilities Limited Chad Ltd - Cordingley House

Inspection report

22 Linden Terrace
Whitley Bay
Tyne and Wear
NE26 2AA

Tel: 01912893621
Website: www.chadhomes.co.uk

Date of inspection visit:
12 September 2018
18 September 2018
19 September 2018

Date of publication:
17 October 2018

Ratings

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

Summary of findings

Overall summary

This inspection took place between 12 and 19 September 2018 and was announced. We previously inspected the service in January 2016 and rated the service as good overall with an outstanding rating in the responsive key question. At this inspection we found that the service had improved further and was outstanding overall.

Chad Ltd – Cordingley House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support to four adult males who have a range of health needs including an autistic spectrum disorder.

The service also provides care and support to two people living in two 'supported living' settings, so they can live in their own home as independently as possible. These people's care and housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at their personal care and support only.

This care service has been 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 life as any citizen.

The established registered manager remained in post. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run. The registered manager was supported by a service manager who was in the process of applying to become a registered manager.

The senior staff including the registered manager had extensive experience of working with people who had an autistic spectrum disorder or a learning disability. The management team strived for excellence within their team and had themselves researched career progression and engaged in opportunities to develop. Cordingley House had acted as a model of best practice for a similar local service.

People benefitted from a very reliable and consistent team of dedicated staff who told us they were proud to work for the provider and loved their jobs. This made the atmosphere in the home and the supported living settings very relaxed which in turn reduced episodes of behaviour which may have challenged the staff and put people at risk.

The quality assurance framework in place across the services was robust. The service manager and registered manager conducted daily, weekly and monthly audits that were systematic and meaningful. They

ensured the service continued to provide excellent quality and safe care. The records kept of these checks demonstrated that they were methodically undertaken and where issues were identified, prompt action had been taken.

Record keeping in all aspects of the service was to a high standard. We found the staff strived to ensure all records were detailed, current and legible. The provider ensured that they held a relevant and accurate record of the care and support people had received in the past and at present.

The provider offered plenty of opportunities for people, relatives and staff to talk to them about the service. Staff and 'Resident/Relative' meetings were held regularly and minutes were recorded. People, family members and staff were actively encouraged to contribute to decisions made about the services. The staff also gave family members regular updates about their relatives in relation to their health, progression and social activities. A recent annual satisfaction survey took place which we saw was overwhelmingly positive.

The provider had made a real effort to successfully develop and improve the service further. For example, they had invested in bespoke training and development for all staff and had enthused staff to significantly enhance people's support plan and risk assessment documentation. The provider had a clear vision for the service and they put people at the heart of it.

The service manager and senior care staff had continued to build on the personalised support plans which were already in place. We saw people's needs had been holistically assessed and were constantly reviewed and changed to meet people's varying individual needs and abilities. This had taken place with the total involvement of the person, their family members and external professionals. Support plans were person-centred, comprehensive and extensively described people's life history including their family, friends, school life, social life, employment, interests and hobbies.

The staff continued to encourage and promote activities which inspired each person to participate in pastimes that were important and meaningful to them. People had their own unique activity plan which empowered them to get involved in social activities that they were interested in. The staff ensured people were afforded the chance to pursue education and work. We saw people had achieved dreams and ambitions. Staff also ensured group activities were arranged to maintain people's links with their local community and provided an opportunity for social interaction with family and friends outside of the services.

There continued to be no complaints about the service. This demonstrated that people and their family members remained entirely pleased with the service provided.

People told us the staff were very nice to them. Throughout the inspection we saw staff displayed exceptionally kind, caring and compassionate attitudes and they treated people with the utmost dignity and respect. The staff were highly motivated and worked very well together as a team. We found staff were committed to making the lives of the people they supported as enriched and fulfilled as possible.

The provider's equality and diversity policy was fully embedded into the service. The care and support delivered reflected people's diverse needs and greatly considered their age, gender, culture and abilities.

People were content during our inspection. Two people told us they were very happy and that they loved living at Cordingley House. We observed people to be familiar and at ease with the staff. Robust policies and procedures were in place to assist staff to safeguard people from harm. The staff we spoke with fully understood their responsibilities with regards to protecting people and their rights.

The staff continued to have high regard for the risks people faced in their lives. The risk assessments in place were extremely person-centred, detailed and robust. Lessons learnt from incidents were a fundamental part of the continuous improvement and development of further preventative measures. The local authorities who commission the services told us they had no concerns about this provider.

The provider completed regular checks of the premises, equipment and utilities in line with their landlord responsibilities. Staff were aware of their responsibilities to report any defects and we saw minor issues had been addressed promptly.

Cordingley House was nicely decorated with modern adapted facilities to promote independence. There was ample communal space as well as private bedrooms. Pictorial signage used around the home helped people identify where things were for themselves. People had individually decorated bedrooms which were filled with their personal items. Any changes to the home or contents was well thought out and staff managed this effectively to avoid causing distress to people.

Medicines were managed safely and appropriately and they were stored securely and in an organised manner. Medicine administration records were accurate and detailed. We saw staff followed best practice guidance in relation to infection control and prevention. We observed people and staff in the kitchen, making meals and there was a high regard for safety, hygiene and areas for potential cross contamination.

Staff files showed the recruitment process continued to be safe and robust. Staff training was up to date and bespoke training had been devised and delivered. Staff had embraced the opportunities presented to them by the provider to progress their careers and had achieved qualifications in health and social care. There remained a great mix of experience, skills and knowledge amongst the staff team.

There were ample staff employed to manage the services safely, consistently and effectively. Each person had a key worker who took overall responsibility for keeping their records up to date.

Staff supervision and appraisal meetings were routinely held to formally discuss any issues, share best practice and develop staff's skills and knowledge. We saw these were thoroughly documented. Staff told us they felt extremely valued by their managers and co-workers and that there was an open, friendly and honest culture, where they did not feel afraid to discuss anything.

Staff promoted a healthy diet and prepared well-balanced meals for people. Wherever possible, staff supported people to get involved with making meals. Staff encouraged family style mealtimes and we saw people engaged with this in a positive and interactive manner. One person had specific diverse dietary needs and the staff made certain these were meticulously met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems embedded in the service supported this practice. Staff supported people to make decisions when they could but where necessary, a best interests decision was made. We saw these included the people, their family members, staff and an external health or social care professional.

The staff had an excellent working relationship with the external health and social care professionals who also supported people with their ongoing needs.

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.

The service had effective systems in place to safeguard people from harm.

Risks to people's health and wellbeing had been assessed and significantly reduced.

People received their medicine in a safe manner.

There were enough staff employed to meet people's needs and they had been recruited safely.

Is the service effective?

Outstanding 

The service was extremely effective.

Staff knew people exceptionally well which helped people to achieve their dreams and ambitions.

Staff were very well trained and worked in line with best practice guidance to achieve positive outcomes for people.

People's rights were very well protected and promoted.

Staff worked closely with external professionals to ensure people were continually assessed and received the care and support they were entitled to.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People and their family members told us the service went 'above and beyond' to ensure people's needs and wishes were met. They were extremely positive about the outstanding care they received.

People were supported by a team of dedicated staff who supported them to build and maintain their independence.

Staff provided exceptional support which enabled people to develop and meet their goals and ambitions.

Staff were incredibly knowledgeable about people and their wishes which had a beneficial impact on people's lives.

Is the service responsive?

The service was very responsive.

There was an excellent person-centred culture throughout the company.

Regular reviews were carried out by staff who knew people very well.

Activities that were interesting and meaningful to people enriched their lives.

Outstanding 

Is the service well-led?

The service was extremely well-led.

The strong management team were actively involved in all aspects of the service and had extremely good knowledge about the needs of people.

There were clear visions and values for the service to continually improve the existing high standards of care provided by passionate staff.

There was an exceptionally robust quality monitoring system in place. Record keeping was to a very good standard.

Staff felt extremely valued and felt their contribution to the service was recognised.

Outstanding 

Chad Ltd - Cordingley

House

Detailed findings

Background to this inspection

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

A site visit took place at Cordingley House on 12 September 2018 and was announced. We gave notice of the inspection because we needed to seek the permission of people who lived there and let them know that we would be spending the day in their home. The inspection was conducted by one adult social care inspector. We contacted family members by telephone on 18 and 19 September 2018.

Prior to the inspection we reviewed all the information we held about Chad Ltd - Cordingley House, including any statutory notifications that the provider had sent us. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally required to inform us of.

In addition, we contacted four local authority commissioners to obtain their feedback about the services. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All this information informed our planning of the inspection.

As part of the inspection we spoke with two people living at Cordingley House and four family members to gather their views. We spent time with the four people who lived at Cordingley House and observed their daily life. In addition, we spoke with five members of the care staff team, the service manager and the registered manager who is also a director of the company. We contacted five external healthcare professionals who were involved in supporting a person who used the services. We received a response from

one social worker. We reviewed a range of care records and information kept regarding the management of the service. This included looking at two people's care records, two staff files and records relating to quality assurance.

Is the service safe?

Our findings

Two people we spoke with told us they felt safe. When we asked them if they were happy living at Cordingley House, one person said, "I love it." A family member told us, "[Person] is looked after so well there." Another family member said, "If [person] wasn't happy about something, I know they (staff) would take it seriously because he is usually so positive about the place." A social worker told us, "I have no concerns regarding the level of care [person] receives."

Staff strived to ensure people were not discriminated against due to their health conditions and they actively protected people's human rights. The registered manager shared multiple examples with us of how staff had advocated on behalf of people who used the service to make sure they were not discriminated against. For example, the registered manager had actively pursued a financial matter with a government body to ensure that one person was treated fairly and had access to the financial assistance they were entitled to.

Robust safeguarding policies were in place and staff had continued to follow the correct procedures. All staff training in safeguarding vulnerable adults was up to date. A member of care staff told us, "I am confident and comfortable reporting safeguarding concerns as I have experience in reporting incidents to my line manager. We have policies and procedures which are regularly reviewed and updated which staff must adhere to." There had been no accidents or serious incidents at any of the services since our last inspection. Minor incidents had been recorded and reported to the local authority as necessary.

A family member told us, "I have never known an incident to escalate. We are always told about any episodes. We have always been happy with how [incidents] have been dealt with." We saw that after each minor incident, which was mainly associated with the changing behaviour of a person, a record was made in the person's support plan and a review of the strategies and preventative methods was carried out. We saw staff recorded what had worked well, and what had not worked so well. These incidents were analysed by staff and used to implement and develop improved plans. We saw any lessons learned were shared with staff during shift handovers and at team meetings.

Risk assessments had been updated and completed at length for all people using the services. We found these were very extremely person-centred and focussed on the specific individual risks people faced. Risk assessments contained a range of tried and tested strategies and preventative measures to reduce risks and protect people as much as possible from any harm, such as distraction techniques and the administration of prescription medicine.

The safety of people living at Cordingley House was well thought-out. Staff had carefully taken into consideration the furnishings around the home and assessed which items presented a risk to people. For example, free standing furniture such as sideboards, wardrobes and drawers were secured to walls. This has also been considered in the 'supported living' settings and advice had been given to people and their family members to make the environment safe.

Cordingley House was very well maintained. Staff reported any defects to the service manager or registered manager and recorded it in a 'maintenance book.' We saw prompt action had been taken to address the matters raised. The provider had continued to undertake all the legal checks they were responsible for as landlords, for example, ensuring the ongoing safety of the premises, equipment and utilities.

Each person living at Cordingley House could evacuate the premises unaided in an emergency. The emergency evacuation plan was up to date and described what action staff needed to take to support people to leave the building. The provider's business continuity plan remained in place and it had been tested. There had been a large fire in a neighbouring property and staff liaised with the police and fire service to make them aware of people's needs and to ensure the people living at Cordingley House were safe. This helped the emergency services plan for an evacuation with minimal disruption. As it happened, people remained in their home with extra support from the staff to keep them calm and safe. Following this near miss, a review of the business continuity plan took place and the service manager approached a local hotel for assistance in providing a safe place for people and staff to stay if an evacuation was necessary in the future.

The safe recruitment of staff had been sustained. We reviewed the files of two staff who had been employed since our last inspection. We saw they had been subjected to careful pre-employment checks and had successfully completed a thorough induction and probationary period. There continued to be a suitable mix of experienced, skilled and knowledgeable staff who were equipped to safely meet the needs of people living at all the settings. We saw the provider continued to use their disciplinary process proportionately when staff conduct fell short of expectations. This demonstrated the provider was actively seeking to improve staff performance and took appropriate action when necessary.

There continued to be plenty of experienced and reliable staff employed across the services. The staffing levels were appropriately managed to ensure staff could accompany people if they decided to go out for the day. One member of staff worked overnight at each service to ensure 24-hour support was available to people.

Medicines continued to be safely managed. The senior care worker on shift had responsibility for the security and administration of the medicines and they audited the medicines daily with the service manager. Medicine administration records were detailed and accurate. There continued to be no issues with ordering, receiving, storing or disposing of medicines. There had been two minor medicine errors which were handled appropriately by staff and reported as required to the local authority. All staff held a qualification in the safe handling of medicines and their knowledge had been regularly refreshed and updated with changes in legislation and best practice guidance.

We saw that medicines which were prescribed on an 'as needed' basis were used infrequently and always as a last resort. Support plans described incidents where a person's behaviour had changed and challenged the staff or put the person or others at risk. Records showed all the agreed strategies were used by staff before they administered medicines which would reduce a person's anxiety and moderate their behaviour. This action was always implemented with the agreement of the service manager or registered manager.

Staff followed best practice guidance in relation to infection control and prevention throughout the services. We observed staff supporting people in the kitchen area at Cordingley House. Staff and the person being supported had a high awareness of safety, hygiene and areas for potential cross contamination. All staff had completed a food and personal hygiene training course.

Is the service effective?

Our findings

The people who used these services had an outstanding quality of life. Staff proactively supported people to experience excellent outcomes. A member of care staff said, "I feel we provide the people we support with an excellent service which meets their individual needs." One family member told us, "The staff are excellent, they do far more with [person] than we ever could." Another family member said, "We feel this is the right place for him, he has progressed so much." People's needs had been holistically assessed and included, physical, mental health and social needs. Support plans fully described people's wishes and choices about how their needs should be met by the staff.

All the staff we spoke with told us that the service truly met people's needs. A member of care staff told us, "The improvements which have been made within the last two years have improved the services for individuals. One person we support now has a mobility car which has benefited his life as he can now access places that were previously limited to him as he is unable to travel on public transport. He has also been able to maintain contact with his grandfather." Another member of care staff said, "I honestly don't think this company could improve its care, each and every service user is very, very well looked after. All their needs, wants and values are met."

There was an abundance of information about people's individual goals and aspirations and how staff could support people to achieve them. This included working closely with people, their family members and other services, researching and keeping up to date with best practice guidance and technology. Staff sought innovative ways of creating opportunities for people to achieve their dreams. We describe some examples of this in the responsive section of this report.

Staff continued to have an excellent working relationship with the external health and social care professionals who also supported people with their very complex needs, such as consultant psychiatrists, a community learning disability nurse, social workers and GPs. Staff had extensive knowledge and understanding of the people they supported and were extremely confident to refer people to other services as and when needed. The registered manager told us the staff were assertive and had challenged decisions that may not have fully supported people's rights. Support plans contained detailed information about the involvement of external professionals and we saw this was relayed to family members. A social worker told us, "[Person's] wellbeing is good. Staff request (home) visits from the GP, dentist and optician to minimise risks."

Staff worked in collaboration with external professionals to provide joined up care and support. For example, one person who had been reluctant to visit the dentist now went regularly for check-ups. The registered manager told us, "[Person] had huge anxiety problems while visiting the dentist. Staff were always sensitive to the care and support he required and which staff member he would like to accompany him when he had an appointment. Staff discussed with [person] prior to the visit what would happen when he got there and the benefits of regular check-ups. Staff worked closely with the dentist to make huge progress in building [person's] confidence in visiting the dentist and now he visits the dentist without any problems." A family member told us, "It was a massive achievement getting [person] to the dentist, a huge milestone."

It's all down to the staff."

Improvements to the staff training plan had benefitted the staff and in turn the people who used the service because it had been tailored to their own requirements. Since the last inspection, the provider had employed an external advisor to work with them and provide advice and guidance on many aspects of the service to make it more effective. This included finding, developing and delivering staff training.

The external advisor had worked with staff to develop bespoke training. For example, the advisor adapted the manual handling training and trained staff on techniques which suited the needs of the people who used the services. A member of care staff said, "Within the two years I have worked at Chad I have had the opportunity to develop my knowledge and learn new skills which has enabled myself to enhance the service we provide to individuals and to enhance my own development."

The registered manager was open to suggestions from staff about training and development. During a supervision session, one staff member had asked about a training course in 'first aid for people with mental health conditions'. The staff member had read up on this course and felt it would be beneficial to the staff team. The registered manager had agreed to this and had instructed the external advisor to research and source it for all staff if it was suitable. All staff training was up to date, including those topics which the provider deemed mandatory such as infection control, safeguarding and food hygiene. Staff had successfully completed training in other topics specific to this type of service including, learning disabilities and autism awareness, basic life support and epilepsy awareness. Due to people suffering from epilepsy, staff had also attended a workshop which taught them how to manage and treat a seizure with rescue medicines, such as buccal midazolam.

The staff employed since our last inspection had undertaken the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care. The provider told us they insisted on all new staff completing this and the longer-term staff had carried out a self-assessment and completed specific standards from the Care Certificate to refresh their knowledge in certain areas. We saw all staff held formal qualifications in health and social care, from apprenticeships and diplomas up to level 5 (senior management level).

Staff had completed 'shadowing shifts' with a mentor upon commencing employment. This meant they worked as an extra member of staff, alongside a more experienced member of the team. This enabled them to observe and learn the role. The registered manager told us it was particularly important that new staff fitted into each service and were liked by the people who used that service. They added that the introduction of new staff was carefully planned to avoid any undue anxiety or distress to people which could lead to people or staff being placed at risk. We saw a lot of time and effort was put into integrating new staff into each service to ensure people and new staff were supported safely and effectively.

The external advisor initially assessed staff competence after induction or training and this was overseen by the registered manager. Periodic competency checks were then completed by the service manager or senior care staff to ensure staff remained suitable for their role. A member of care staff said, "I feel I am fully supported by colleagues and management."

Staff were also trained in 'managing individuals with challenging behaviours'. Staff competence was reviewed after any incidents which involved the de-escalation of a person's behaviour. The registered manager told us it was very important to review how staff reacted when a person's behaviour challenged them. This demonstrated that staff were aware of people's needs, the triggers for behaviours which might

challenge them and how to safely and effectively manage the situation to minimise the anxieties people had. The registered manager told us staff were fully trained in common techniques but only ever used non-intrusive, low-level methods to protect themselves and appease a situation. A social worker told us, "[Person] can display some extreme behaviours and these are managed well by the staff team."

The provider had continued to develop the skills and knowledge of the staff to ensure high-quality standards were maintained. Regular meaningful and proactive staff supervision took place and the '360°' style appraisals had been thoroughly embedded since our last inspection. 360° is a system in which employees receive confidential, anonymous feedback from the people who work around them.

Communication was excellent throughout the services. A family member told us, "Communication is 100%, the staff are always emailing us and letting us know what [person] has been up to. They ring us if anything happens or if [person] has needed to see his GP or someone else. There are constant updates and if you ring them, they can always tell you exactly what's happened because they write everything down." A member of care staff told us, "We have [daily notes], staff meetings and great communication with management."

The people who used the services had very different ways of communicating and staff displayed an exceptional understanding of those individual needs. Staff had high regard for people's equality characteristics such as culture and disability. We saw staff used a variety of verbal and non-verbal methods including the use of technology, signs, symbols and pictures to communicate effectively with people. The registered manager told us "[Person] does not communicate verbally, he chooses to use his own version of Makaton to communicate with staff to express his needs and wishes. Staff have worked really hard to create a set of symbols and pictures with him of things he is familiar with, his likes, dislikes and feelings so that he is able to communicate effectively." We saw this was described in great detail in the person's support plan. Makaton is a language programme (like sign language) using signs and symbols to help people to communicate.

Staff maintained an up-to-date information sheet within the care records, which could be transferred between services. For example, if a person needed emergency care, the information sheet could be removed and taken with the person to hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who used the services had been assessed and where their assessments showed they lacked the mental capacity to make particular decisions, family members, staff and external professionals had been involved with making decisions in their best interests. People had been included in those discussions wherever possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service continued to reassess and submit renewed DoLS applications to the Local Authority for those people who lived at Cordingley House in line with the principles of the MCA. The Care Quality Commission (CQC) had been notified of these. The two people who lived in the 'supported living' settings, either had a family member with Lasting Power of Attorney (LPA) or were supported through the Court of Protection. An LPA is a legal document that allows a person to appoint others, usually a family member, to

help them make decisions or to make decisions on their behalf. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

We observed mealtimes at Cordingley House. The atmosphere was informal and relaxed. Most people gathered together around the dining table and ate their meals with the staff. We saw people engaged well with each other and the staff whilst they enjoyed their meal. Staff encouraged people to get involved with preparing meals, serving and clearing up afterwards. Staff had a clear focus on encouraging good nutrition and hydration and menus were planned using suggestions and ideas put forward by the people themselves, based on their likes and dislikes. There was always a variety of options and alternatives available. Two people told us they liked the meals the staff made them. Throughout the inspection, we saw people accessed snacks and drinks. We saw staff supported people to visit the local shops to purchase a certain item they wanted. We observed staff monitoring people and using distraction techniques and gentle persuasion to moderate people's intake of items such as chocolate and fizzy drinks, to ensure they did not make themselves poorly through excessive consumption.

One person had specific dietary requirements and we saw this was described meticulously in the person's support plan to ensure their needs were met. The written information was supported by research staff had undertaken on the internet and information provided by the person's family. The registered manager told us, "[Person's] family put together an information guide for staff to include in his support plan which explains the cultural and religious requirements." The person had their own fridge in the kitchen to store their food items separately. The person's family regularly brought home cooked food and the person liked to visit a local restaurant with staff once a week. A family member said, "They really do manage his food well, they make sure he eats our home cooked meals." The staff embraced the cultural and religious needs of this person and wholly supported them to observe festivities and special celebrations.

The environment at Cordingley House and the adapted facilities promoted people's independence. There were three separate communal areas comprising of a lounge, an activities room and a dining room as well as the four bedrooms. This meant people had a choice about where to spend their time whilst at home. People had ample space to meet with their family and had private space when they needed it. Pictorial signage was used around the home to help people identify objects and belongings for themselves. We saw in one person's bedroom that they had pictorial signs on their drawers to help them find their own clothing. People had chosen how they wanted their bedrooms to be decorated and we saw this was to a very high standard. One person showed us their bedroom which was filled with their personal items. They told us they loved their bedroom and having all their own items in it which included a large screen TV, DVD player and karaoke machine.

The communal areas were also beautifully decorated and had a warm and homely feel. People had been involved in decisions about the décor, the soft furnishings and the pictures on the walls. The activities room was large with comfy seating, a TV, DVD player, music player, a computer and printer and an array of games and jigsaws. One person used this room a lot and the staff did their best to facilitate this to avoid any undue stress and anxiety. We observed them happily spending time in there watching films and singing along to their favourite music.

When refurbishing the home, the provider and staff still had regard for people's needs. The registered manager told us they had discussed refurbishments with the staff team to work out the best strategies to manage the maintenance work. Staff knew the upheaval would distress some people and they talked about various ways in which the work could be carried out quickly. For example, people would not like the furniture to be moved out of its usual place whilst areas of the home were refreshed. The registered manager discussed this with the maintenance person and they planned to carry out the work whilst some

people were either on holiday or out for the day to ensure there was minimal disruption and distress caused to those people who suffered from extreme anxiety.

Is the service caring?

Our findings

Without exception, we received extremely positive comments about the service and the staff. Family members were overwhelmingly satisfied with the service their relatives received and they told us people were settled. One family member said, "We are extremely happy, couldn't have asked for any better." A social worker told us, "[Person] has a good rapport with staff and they have been consistent for a while now. He likes his home and has no intention of moving on. He always presents as happy." One person repeatedly told us throughout the inspection, "I'm in a happy mood." They told us it was "great" living at Cordingley House. Another person smiled and said, "Yes" when we asked them if they were happy living at Cordingley House.

Family members we spoke with were delighted with and appreciative of the support staff provided. One family member said, "It is so beneficial for [person] to live there. It makes the decision for him to live away from us so much easier. He is thriving in there." Another family member said, "He thinks of it as home, they all care about each other there. They are like a little family."

The management team truly demonstrated the provider's values and ethos that Cordingley House belongs to those who live there and they will be involved in all decision making. The provider's philosophy was to "turn a house into a home and to give people a sense of belonging, by providing a warm, welcoming environment." The management team's main focus was to keep people at the heart of the service and drive the service into the heart of the community. We saw this was implemented through the care and support they provided, their engagement with people, family members, the local community and staff. Value based questions were an integral part of the interviewing process for new staff to ensure the staff employed demonstrated caring based values which met with the provider's expectations. The provider's website states, "We will be meticulous in the selection of our staff as their interaction and affinity with the people in our care is crucial to the service we provide." We saw this assertion was fulfilled within the services as people and their family members were fully involved in the recruitment and selection process.

Excellent relationships had been built and maintained between people and the staff which had given people and their family members the confidence to express their views and make requests, which meant they received a bespoke service which met their needs, wants and wishes. We saw this had been reached through the staff dedication to support people to achieve their dreams and ambitions, no matter how difficult it may seem.

Throughout the inspection, we saw staff demonstrate their ability and high regard of protecting and promoting privacy and dignity. They continually displayed a totally respectful manner towards people. The management team made sure that dignity was instilled into every aspect of the service and that all staff worked together to create a respectful, trusting and caring environment which made a difference to people's lives. We found this had positively impacted on the service people received. A member of care staff said, "I feel we provide an excellent service to the people we support, each individual is treated with dignity and respect ensuring their individual needs are met including health needs, social needs, and cultural needs to ensure the wellbeing of each individual."

People were empowered to be independent. One person said, "I can do lots of things on my own." We observed staff gave people the time and space they needed to complete tasks for themselves. We heard multiple individual examples from the registered manager which implied staff encouraged independence and respected people's wishes to try to do things for themselves. For example, a person being able to complete certain personal care tasks for themselves or with minimal support from staff. A family member told us, "When [person] comes home he slips into our routine and gets things done for him but when he is there he is so independent. His independence has grown so much."

Staff were highly motivated and inspired by the management team to deliver a high quality, caring service. Staff demonstrated a sound knowledge of people's likes, dislikes, preferences and routines. Staff knew everything about people such as their life history and family background which showed they had invested their time in getting to know people properly.

Staff had developed outstandingly positive, caring relationships with the people who used the services and their families. Staff believed people and their family members were very safe and happy with the service. They told us they felt there was a great team of caring and compassionate support staff who delivered a brilliant service to people. People and family members we spoke with corroborated this. One family member said, "They are all so lovely to [person] and to us."

An equality and diversity policy was in place to ensure that people were treated with dignity and respect regardless of their gender, age, disability or religious beliefs. Support plans were created with people's and family input to ensure their needs were met in a way which reflected their individuality and identity. Staff had completed equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were upheld. We saw this had directly impacted on people's lives because staff were able to highlight all the positive outcomes we have shared in this report which had been achieved for people because they were supported individually and flexibly.

Family members told us they and their relatives had been involved with the planning of care and support. They told us the staff made sure people were involved with decisions about who supported them and how they would be supported. For example, by being involved with recruitment of new staff or choosing where and when they would like to go places. Where ability allowed, people had signed care records themselves or an appropriate person had signed it on their behalf to confirm their involvement.

The provider had recently developed and improved their 'service user guide'. It had been designed in an 'easy to read' format with updated signs and picture symbols being used alongside more recent photographs of the people who used the service and current staff enjoying many activities. Modern emojis had been added so people could recognise what the information meant. For example, a happy smiling face next to a photograph of people enjoying a day trip or a sad face to highlight the safeguarding process and what to do if a person felt upset about something which had happened. The booklet contained information about the provider; what to expect from the service, what assistance could be offered, policies and procedures and contact details. Other information which would benefit people, such as contact details for the local safeguarding team and the Care Quality Commission (CQC) were also made available.

The provider welcomed and encouraged the use of external advocates but staff also advocated on behalf of people when necessary. One person was being supported by an independent advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, to ensure that their rights are upheld. The management team were aware of how to refer a person to an independent advocate from the local authority if people needed that level of support and they had done this recently. Staff had excellent knowledge of the local area so could offer people and their family members

advice and support about other services to help people consider any additional help that may benefit them.

People's personal information and sensitive data was stored securely to uphold confidentiality and protect their privacy. We saw that records containing people's and staff's private details were kept locked away and staff computers were password protected. All staff demonstrated that they were aware of the legal requirements to keep information safe and secure under data protection laws including the new General Data Protection Regulations (GDPR). Information about this new legislation had been shared with staff and family members to ensure they were aware of the provider's responsibilities.

Is the service responsive?

Our findings

The service remained entirely person-centred. There was a strong person-centred culture which had been embedded into assessments, support planning and reviews. The staff involved each person, their family members and external professionals in implementing the support plans and focussed on ensuring as much information as possible was gathered about personal history and cultural backgrounds. The support plans were separated into sections such as, routines, communication, behaviour plans and future action plans. The documentation was completed to an excellent standard. We saw that the 'easy to read' information had been developed to help people fully understand their own plans. Wherever possible people had contributed to their support plans and written parts of it themselves about their likes, dislikes, interests and hobbies. Each person had a keyworker, although all staff were very familiar with each person's needs. A keyworker had responsibility for ensuring assessments and support plans were kept up to date and that regular reviews took place.

The staff continued to work closely with external professionals such as the learning disability nurse and autism coordinator from the local authority. This ensured staff kept abreast of local and national best practice guidance related to people with an autism spectrum disorder. They had sustained positive and proactive relationships between services which helped them respond quickly to people's changing needs.

The person-centred theme was threaded throughout the entire service but was abundant in the assessment, planning and review of social activities and work opportunities. People were positively encouraged to take risks to enhance their quality of life. These risks were methodically assessed to ensure people's safety but the provider had recognised that given the time and resources, people could have tremendous opportunities to pursue their ambitions and fulfil their dreams. A member of care staff told us, "Staff are encouraged to go above and beyond and are open to fresh approaches and new ideas and positive risk taking when it comes to new or revisiting activities for [people]." The examples we describe below demonstrate how positive risk taking was incorporated into the activities people engaged in.

The activities available to people were extensive. Each person had their own unique activity action plan which was tailored to their individual needs, wants and wishes, which enriched their lives. Staff continued to encourage group activities where they could to instil a 'family' feeling and a sense of belonging, but most of the activities people engaged in, were on an individual basis. Staff looked for creative and innovative ways to achieve people's goals. Activities, short breaks and holidays were carefully researched and planned in advance by staff as much as possible to ensure they would be suitable for people. However, due to people's health conditions, the staff were completely flexible and people made daily decisions about how they would like to spend their time. There was always enough staff available to respond to people's social needs and requests.

Staff went above and beyond their role to make people's dreams come true. For example, one person's dream was to meet the singer, Leo Sayer. However, staff were aware that attending a concert was not safe for this person due to their extreme anxieties about crowded venues. Recently, when Leo Sayer visited the Whitley Bay Playhouse staff managed to arrange for the person to privately meet Leo Sayer after his show. A

member of staff came in especially on their day off to take the person to the Playhouse. The person had his photograph taken with Leo Sayer and the singer gave the person a signed photo which staff have had framed and mounted on the wall at Cordingley House. The person said afterwards, 'it was the best day of my life' and still talks about it now.

We read about and were told of some other brilliant opportunities people had been given. We saw that people's lives were enhanced and full of accomplishment. Two people we heard about at the last inspection had continued to enjoy horse riding and one of those people had entered many more competitions, including the RDA (Riding for the Disabled) National Horse Riding Championships in July. Staff accompanied the person for the weekend and arranged transport and accommodation. The person achieved third place and was so thrilled with his achievements. The registered manager told us, "His family and the staff are very proud of him." The person proudly told us, "I now have 43 rosettes."

Another person had a season ticket at Newcastle United who he had supported for many years as one of his main hobbies. Staff accompanied the person to all home games and the management always ensured that the staff member was a car driver and had the same interests. The registered manager told us, "Staff are flexible and change their shift start and finish times to accommodate this."

Another person enjoyed going out for lunch to a local restaurant and to the swimming pool and a disco. This person had progressively built up a positive relationship with their local barber, which he now happily visited regularly. We were told this was something he would never have done in the past. A family member told us this was because the same staff consistently supported him to go and he trusted them. A member of staff told us, "[Person] likes to look good, he's takes pride in his hair and beard."

The staff arranged annual tailor-made holidays and short breaks for people. We heard how it was not always possible for people from the service to go on holiday together as they preferred different things, so individual holidays were arranged if that was what they wanted. Staff considered times of the year that weren't busy and the type of accommodation which would suit people's needs whilst away from home. One person had recently stayed in a caravan in Northumberland which was a huge success. The registered manager told us, "[Person] doesn't like cottages but loves caravans." Another person had planned to go to the Lake District in September to stay in a cottage which he had chosen because he loves a log fire. Last year this person requested to go to Scarborough as this was where he went on holiday as a child. Whilst there, he successfully rode on an open top bus and on the Ravenglass train which was a massive achievement for him. The registered manager told us, "[Person] is going to the Lakes at beginning of October to stay in a cottage where it is quiet and has lots of land to walk around, which he really enjoys. [Another person] went to Flamingo Land with his family as he loves the funfair rides."

Staff told us it was important for people to maintain a relationship with their family members as they could provide vital emotional support. Whilst some families frequently visited and took people out for the day, other families could not do that. The registered manager told us that through discussions with staff it was highlighted that one person's quality of life would be much improved if he had a car. Staff contacted his social worker and the Court of Protection officer as well as his parents and arranged a review of his state benefits. It was identified that the person was entitled to a higher rate of a benefit which resulted in the person getting access to a mobility car. This had hugely benefitted the person as they were now able to maintain physical contact with their family which was really important to them. Staff regularly take the person to visit his family and also pick his parents up and bring them to Cordingley House so that they can see the person in his own home. This person wanted to invite his parents to Cordingley House for Christmas lunch which staff facilitated and they made up a hamper for his parents as a gift.

A member of care staff told us, "Two of the biggest things that I have been involved in were [person's] dream of meeting Leo Sayer and helping arrange for [person] to gain a mobility car. This only happened with the help of [service manager] and I must say has made a huge difference to his life." Another member of care staff said, "The service users in Chad have a fun filled lifestyle and we all as a whole have a brilliant rapport between staff, service users and families."

One person's love of arts and crafts had led to a voluntary employment opportunity. The person was routinely supported to attend a community project twice per week and had been invited by the staff there to help them on the reception and in the coffee shop. The art and craft work completed there was show-cased at local art exhibitions and some items made at the project had been sold onto local gift shops, who in turn sold it to the public. This person told us they were very proud of their job and their artwork.

Staff had a good relationship with other community resources. This meant they were kept well-informed of local events. One person attended a weekly drama class and a music class weekly. There was also a 'sing and sign' class which one person attended. The registered manager told us, "[Person] plays an integral part in the class and has gained new skills and built new relationships. This class benefits the way he communicates as he often finds it difficult to express himself through speech (due to his condition)."

There were no complaints made about this service. Staff and family members told us any minor issues were dealt with promptly. Everyone we spoke with had no complaints about the service whatsoever. The complaints policy was available for people and their families which included information about how to complain, what would happen and who else may be involved.

Everyone we spoke with were confident that the management team and staff would deal with complaints properly. Family members told us that the management team were visible at the service and always available to speak with. A member of care staff said, "I have never raised an issue, but I know for a fact, if I had to, my manager would take any issue I had on board and very seriously."

The service had not provided any end of life care. The services currently supported younger adults with a learning disability, brain injury or autism spectrum disorder. There was no reason to believe that end of life care would be required. However, the provider had the necessary arrangements in place to be able to offer this type of service (if or when it was required) as training is widely available, the staff team were consistent and people's homes or bedrooms had ample space to allow for adaptations and any necessary medical equipment.

Is the service well-led?

Our findings

At this inspection, the established and extremely experienced registered manager remained in post. The registered manager was also a director of the company and was fully supported by another director, a service manager, senior care staff and a consistent team of reliable care workers. The registered manager and service manager were present during the inspection and assisted us by liaising with people who used the service, family members and staff on our behalf.

At the last inspection, the provider had just employed the service manager to support the registered manager. We saw that they were now fully established in their role. A member of care staff told us, "I would say this has always been a good company to work for but especially in the last couple of years with the appointment of [service manager] who is very approachable for any issues whether it be service user related or personal." We saw the registered manager and service manager had proactively researched and progressed their own personal development.

The management team were keen to network with other services and partnership agencies. We saw they took a practical approach to involving themselves in projects and initiatives with the local authority and the industry in general. The registered manager had acted as a role model to others. They had volunteered to assist a similar local service and invited that service's newly registered manager along to Cordingley House to share ideas and best practice. We were told by the other service of their appreciation of this. The service manager was attending a regular workshop for newly registered managers and had made a host of connections across the sector to link up with and share ideas and good practice.

The registered manager had instilled the 6C's into the service through encouraging staff to have high regard for these values. Initially developed in the NHS, the 6C's concept is now being implemented and recognised as best practice throughout the care industry. They are care, compassion, courage, communication, commitment and competence. Throughout this inspection, the management team consistently demonstrated their pride, passion and commitment to the service and they wholeheartedly promoted a strong person-centred culture whereby people were put at the heart of everything.

We found the staff were highly motivated and they told us they were proud to work for the company. One member of care staff said, "I thoroughly enjoy my job role at Chad." Another member of care staff said, "I personally love working for Chad as I feel this company is 100% person-centred." There was no formal reward scheme in place but staff told us at Christmas there was a paid night out to say thank you and to show appreciation for the hard work, dedication and achievements of staff.

All staff spoke extremely highly of the management team and without exception, they said they felt valued and supported. Comments included, "Staff really do get that feeling of being valued by [service manager] which I think makes the team work together for the best interests of our service users"; "I feel I am fully supported by colleagues and management. I am very happy being an employee of Chad and I feel I am a valued member of the staff team" and, "We have a very good management and I honestly have never felt more supported in a work environment as I do within this company."

The management team worked seamlessly and systematically with other external services to achieve positive outcomes for people. We found they worked closely and effectively with other healthcare professionals and family members to ensure people's welfare was prioritised and continually assessed to improve their lives. There was a remarkable commitment from the management team who inspired staff to maximise people's independence. The variety of individual and personalised activities which took place demonstrated that staff had an incredibly positive impact on people's lives.

There was a consistently high level of strong engagement with people's families. All the family members we spoke with commended the level of feedback they got and how the all staff were so knowledgeable due to the excellent communication between them and detailed record keeping. An annual satisfaction survey had continued to be issued to staff and family members. We saw the recent responses from July 2018 were entirely positive with some suggestions noted. An action plan had been developed to address the suggestions which showed the management team and staff were constantly striving for excellence through consultation, research and reflective practice. A member of care staff said, "I do feel that the care and support that the staff give is really good, this reflects in the feedback from families."

The registered manager had advanced staff development and encouraged them to develop their skills. In particular, three staff had been promoted to a senior role and had been given several opportunities to progress. One member of care staff said, "Being a senior and completing my NVQ5 means I am more involved in making sure people's needs are met." Another member of care staff said, "I have had the opportunity to complete my NVQ5 in management. The introduction of three senior staff members enhances the day to day running of the services we provide for the individuals."

The provider had thorough oversight of the service. The external advisor conducted independent audits and gave advice about meeting regulations. The management team monitored the information from audits which related to all aspects of the service including incidents, health and safety, and quality assurance. A full-service audit had been completed in February 2018. The service had also been through a quality monitoring inspection from the local authority in June 2017 in which they achieved 97% compliance. We saw the issues raised from this which included updating their business continuity plan were discussed at staff meetings and management meetings to aid continuous development and improvement.

The registered manager told us that staff involvement was imperative to the continuous progression of the service. Staff meetings were well established and we saw staff were encouraged to take an active role in the development of the service. Minutes of meetings showed discussions were held around day-to-day issues, an update on each person, staff training and health and safety.

We found the quality assurance process was very effective and significantly reduced the risk of harm to people. The provider had governance firmly embedded into the service with a strong quality assurance structure. We reviewed the provider's quality assurance processes which demonstrated that people's and family member's views were the basis of their quality monitoring system. The process consisted of the services being fully audited by an external advisor and by closely monitoring and supporting staff performance. The provider analysed the company's performance through reflective practice, spot checks at the services, routine reviews of support plans and an annual satisfaction survey. The process was completed in conjunction with monitoring the success of recruitment, induction, staff training, staff supervision and appraisal, staff surveys and record keeping audits. Records and action plans showed staff were learning from incidents and they reflected that best practice guidance was implemented and clearly promoted.

The provider had a clear and correct account of the care and support people received. We found record keeping throughout the service was to a very high standard. Records were up to date, accurate and legible.

We found records were always stored securely and in line with data protection legislation; they were accessible to authorised personnel only and the confidentiality of people who used the service and the staff was not compromised. All the records we asked for were made available to us in an organised and prompt manner.

The provider had a business development plan in place and the registered manager used this to focus on the identified key priority areas. We reviewed the plan which had been in place since our last inspection and we could see the progress being made and that the service had consistently achieved outstanding outcomes for people. We found that the staff had strived for and achieved excellence in their roles which continued to afford people an outstanding quality of life.