

# The Regard Partnership Limited

## Restormel House

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Restormel House is a residential Care Home, which provides accommodation and supports the needs of people with a learning disability and associated conditions such as autism and Asperger's. In addition to a learning disability some people may also be living with mental health needs. The service is currently registered to accommodate and support a maximum of six people. At the time of the inspection five people were living at the home.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 a life as any citizen.

People living at Restormel House had a range of complex care needs and required a high level of support with daily living inside and outside the home. Some people had previously lived in settings where they had been restricted from making everyday choices and others were experiencing change as they moved from being a child into adult services. Although people had capacity, some of their communication skills were limited. We met all five people during our visit and were able to observe interactions and talk to people about their daily routines and plans.

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

At the last inspection on the 20 January 2016, the service was rated as good in the domains of safe, effective, caring, responsive and well led. This meant the service was rated as good overall. At this inspection we found the service remained good in safe and effective, but had improved to outstanding in caring, responsive and well led. This means that at this inspection the service is rated as Outstanding overall.

Why the service is rated outstanding.

There was a very positive culture within the service. The management team provided strong leadership and led by example. Relatives, staff and other agencies were very positive about the leadership of the service. They described the registered manager as, "Excellent", "Supportive, always available" and "Proactive, always thinking ahead". We observed positive and compassionate interactions between staff and the people they supported. Staff said they loved their work and were passionate about providing high standards of

care. The provider really inspired staff to provide an excellent quality service. Staff had been nominated and received awards to celebrate their contribution to care and a number of aspiring leadership opportunities were available to encourage progress and development.

There was a 'can do' approach to working with people. The registered manager and staff recognised that people they supported were young and despite their needs wanted to experience the same opportunities as other young people their age. Risks in relation to people's care were assessed, understood and managed well. Staff worked very hard to manage risks, whilst not restricting people's opportunities. For example, one person wanted to attend an event to see favourite film and TV characters. Staff supported the person to consider the risks involved in this activity and to plan the event safely. The person's involvement, staff skills and determination resulted in the person having a wonderful experience, which we were able to see had been documented for them in photographs.

People were encouraged to lead active lives and were supported to participate in community life as much as possible. Small steps had been taken to help people achieve their goal. For example, one person who had previously spent most of their time at home had been supported to go out into the community. Staff initially supported them to look online at items in a shop, then went with the person in the car several times to familiarise themselves with the route before finally going into the shop to buy what they had seen. Staff said these were often long processes, "But we aim to get there in the end". Another person had been supported to access work opportunities and had successfully secured paid employment.

There was a strong emphasis on people being able to develop their independence and to move on from Restormel House if they chose to do so. We heard about people who had moved on from the service since the last inspection and these achievements had been documented in the homes 'Journeys file'. Staff had supported people to plan their move, access advocacy services and organise their finances. People's progress and achievements were recognised and celebrated.

People's safety was paramount in the service. People were supported to understand how to keep safe. The local police diversity officer visited the service to talk to people about safety topics such as, keeping safe in the community, bullying and hate crime. A staff member had attended a training course at a local drug and alcohol service so that they could provide people with information and advice when the needed it. This included information about sexual health and relationships. They told us "We support young people who need good, clear information and support to keep them safe and healthy".

Staff undertook regular safeguarding training and understood how and when to report any concerns about abusive or poor practice. People using the service also had access to relevant contact numbers if they wanted to report any safeguarding concerns. Safeguarding was discussed regularly within staff and resident's meetings. Robust recruitment practices ensured staff employed in the home were suitable to work with vulnerable people.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. People were not discriminated against in respect of their sexual orientation. Staff recognised that some people were exploring their sexuality and supported them sensitively and appropriately when required. Staff had supported one person in relation to their particular lifestyle choice. Staff had spent time with the person to gain a better understanding and had developed a plan with the person to help ensure appropriate support was provided. Innovative and sensitive methods had been used to protect people's privacy at all times.

Staff were sensitive and respectful in relation to people's religious and cultural needs. The Regard

Partnership mission stated that they wanted staff to experience a 'positive, inclusive, working environment where diversity is celebrated'. Recruitment processes and the planning of staff demonstrated that the provider and registered manager recognised the benefits of having a diverse community of staff who valued one another and the different contributions they could make.

The registered manager and staff had been creative and innovative in ensuring they responded appropriately and effectively to people's communication needs. Care plans, risk assessments, behaviour support plans and health information had, where appropriate, been translated into pictures and symbols for the person to understand. People's daily routines, menu's and activity plans were also provided in a way the person could understand and use to organise their time. Easy read information had been developed covering a range of topics, which people might require access to, including, equality, diversity and human rights, confidentiality, resident's money and sexual health issues. This helped to ensure people had access to the information they needed in a way they could understand it. The registered manager continued to explore the use of technology to assist with responding to people's individual care needs. People either had their own computer or access to the homes computer system. We saw one person writing their weekly menu and shopping list on the home's computer. The registered manager said this was a very important task for the individual but also allowed staff to spend valuable and positive time with them. Each person had a memory stick to allow them to access information about their support arrangements and identify any issues or changes.

Restormel House mainly supported younger adults. The atmosphere in the home reflected this younger age group with lots of laughter, jokes, music and activity. When we arrived, some people were busy getting ready for their day and others were either having a lie in or relaxing having breakfast and chatting with staff. We observed people were making choices and leading a busy and full life. People clearly saw Restormel House as their home and were empowered to treat it as such. We observed people answering the door to visitors, using the kitchen freely to prepare drinks and snacks and offering their views and feedback as we inspected the service. Staff were enthusiastic and energetic. We saw how staff were patient and respectful towards people at all times even when faced with challenging and unpredictable situations.

Personalised care was central to the homes philosophy and staff demonstrated they understood this when talking about how they met people's individual care and support needs. People's care records and support arrangements were highly personalised, which ensured care was tailored to meet their individual and diverse needs. The values of the service included 'compassionate care', 'excellence' and 'hard work' with a vision to provide excellent care and support, to continuously improve the quality of the service and to make people's lives better every day. These values were understood and shared by the whole staff team who reflected the same ethos in the way they cared for people. We saw people were enabled to live a happy fulfilled life, to feel safe, enabled to try new opportunities, achieve goals and reach their potential.

Exceptionally good governance of the service by both the provider and the registered manager benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The registered manager felt strongly supported by the provider and effective governance of the service was visible with the registered manager, regional manager and regional director regularly involved and present in the service. Regular audits were carried out including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. These audits were well organised and easily accessible. There was a live computer system which was kept up to date so the provider could see how the service was performing at any time.

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service. The provider and registered manager promoted the ethos of honesty,

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

People had their health needs met. People were supported to access a range of social and healthcare services, and arrangements were made for these visits to take place in the home if the person required. The provider and registered manager also sought advice from external agencies to further enhance people's lives and to enable them to grow. They understood the importance of working within a multi-disciplinary team that focused on person centred care. The registered manager and staff had built extremely good working relationships with other agencies such as the specialist mental health teams, learning disability services, local police, and drug and alcohol services. This multi-agency approach, along with a skilled staff team had resulted in positive improvements in relation to people's behaviour, well-being and general health.

People's medicines were stored and managed safely. People could make choices about their diet and were fully involved in the planning of meals and mealtimes. Staff provided people with information about healthy eating options and people with particular health needs were supported to explore and understand information about an appropriate and safe diet.

Staff were well trained and said training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the team and kept themselves updated with current issues and best practice. Individual staff members were nominated champions in particular areas of care, such as behaviour and diabetic care. They attended training and used their skills and knowledge to support staff and help ensure the whole team had the skills and knowledge needed to provide high quality care.

Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. People were supported to make choices about their care and lifestyle. When larger more significant decisions were needed other people, including advocates, were involved to support the person with the decision-making process.

The provider had a complaints policy in place, which had been produced in a user-friendly format for people to access and understand. The service had received very few complaints since the last inspection, but any received had been clearly documented and dealt with in line with the provider policy. We saw people were confident to raise any day to day concerns by speaking to staff who answered their questions and resolved issues promptly and sensitively where possible. Residents meetings also provided a forum for people to raise any concerns and recent meetings had documented a variety of topics discussed with action plans when needed. A 'grumbles' book was available, which ensured people's voice was heard and small issues dealt with before they developed into bigger problems.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding  
The service was extremely caring.

Staff were kind and compassionate and built strong relationships based on trust with people they supported. Staff demonstrated a real empathy and understanding of the complex and diverse needs of people they supported.

People's differences, backgrounds, personal histories and potential were understood, respected and reflected in the quality of care provided. An approach, which respected equality, dignity and human rights of people was well embedded in the service.

Staff showed a deep respect for people's privacy and dignity. People's privacy and dignity was at the heart of the service's culture and values.

People were always made to feel they mattered. Staff were very skilled at helping people resolve conflicts and deal with difficult lifestyle situations and choices.

People's daily routines, communication methods and lifestyle choices were understood by staff. This helped ensure people were always involved in decisions about their care and lifestyle.

People's need were understood and respected as they transitioned from being a child to a young adult.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People received exceptionally personalised care and support.

People's care arrangements were individual and fully reflected their physical, mental, emotional and social needs.

People's different and diverse needs were recognised and understood. Care and support was delivered in a way that met these needs and promoted equality.

People were fully involved in the planning of their care and their views and wishes were listened to and acted on. People felt empowered because staff used innovative and individual ways of involving them in their care arrangements.

People were able to lead as full a life as possible because arrangements for social activities, education and work were innovative and personalised.

Staff were always willing to go that extra mile to help ensure people met achieve their goals and fulfil their wishes.

People were supported to maintain relationships with people who mattered to them. Staff were willing to go the extra mile to ensure these relationships were maintained.

People were fully supported to understand, overcome, and deal with loss and bereavement in a way they needed and chose.

### **Is the service well-led?**

The service remain has improved to Outstanding

The service was exceptionally well-led.

People were placed at the heart of the service and were supported to be fully involved in decisions about their care and support.

The provider, registered manager and staff were committed to providing outstanding personalised care.

There was a strong emphasis on continually striving to improve the service and help people fulfil their goals and reach their potential.

The management team provided strong leadership, led by example and had created a positive culture within the service. People were supported by staff who were passionate about enhancing their well-being and quality of life.

There were clear visions and values for the service, which

**Outstanding** 

included compassion, respect and independence. The management team monitored staff performance robustly to ensure they displayed these values whilst supporting people.

The service was an important part of the community and developed good community links to help ensure people continued to receive good care as they moved between services or as their need changed. This included striving for excellence through liaison with other health and social care services, training and reflective practice.

Systems to assess and monitor the quality of the service were well developed. There were clear lines of accountability within the management team in relation to monitoring performance and quality. Auditing systems operated to help develop and drive improvement across the service. □

# Restormel House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was undertaken by one adult social care inspector on 10 and 11 and 18 September 2018.

Prior to the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service, such as feedback we received from health and social care professionals and notifications. A notification is information about important events, such as incidents, which the provider is required by law to send us. At the last inspection in January 2016 we did not identify any concerns with the care provided to people.

People living at Restormel House had some communication difficulties due to their learning disability and/or mental health. However, we were supported by staff to spend time with people who were able to share some of their views about living at the service. We spent time with people, observing their daily routines, talking to them about their interests and plans and observing any support being provided. This helped us gain a better understanding of people and the care they received at Restormel House.

During the inspection we spoke with the registered manager, area manager and regional director. We also spoke with a healthcare professional who was visiting the service and seven members of the care staff who were on duty during the inspection. We looked in detail at the care records of three people. In addition, we looked at a range of records relating to the care of all the people who lived in the home. These included, daily monitoring forms, positive behaviour support plans and medicine administration records.

## Is the service safe?

### Our findings

The service continued to provide safe care. People who lived at Restormel House had some communication limitations but were able to share with us some of their experiences of living at the service. We spent time with people observing their daily routines and when they were being supported by staff. These observations, interactions and discussions helped us understand if people felt safe living at Restormel House.

We saw people were comfortable and relaxed with staff supporting them. People sought out staff when they wanted reassurance, felt anxious or unsure. For example, one person was anxious prior to attending a healthcare appointment. Staff knew this person well and were able to recognise and respond to their anxiety by providing the person with the information and reassurance needed. People's laughter, body language and interactions also told us they felt safe and comfortable with the staff supporting them.

Staff all agreed that people were safe. Comments included, "Yes, I believe people are safe. There are always the correct numbers of staff to keep people safe and to do the things people want to do", "We talk about safety and safeguarding all the time, and help people understand about keeping safe".

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising concerns immediately with the registered manager, senior staff or external agencies, such as the local authority safeguarding team or the police. Staff said they were confident the registered manager and provider would take prompt action to safeguard people who used the service.

The provider and manager helped ensure people did not face discrimination or harassment. People's individual equality and diversity was respected because staff received training on the subject and got to know people well. Examples were provided to us which demonstrated people did not face discrimination or harassment in relation to their sexuality. Staff had spent time with people to gain a better understanding in relation to their individual lifestyle choices and how they preferred to be cared for and supported.

People were supported to understand what keeping safe meant. Most of the people living at Restormel House were young and had at times needed support to manage conflicts and issues created when people lived together. We heard many examples of how the staff team worked closely with people to help them resolve these issues and feel safe within their home. The registered manager had worked hard to maintain links with local community police officers, who had in the past visited the home and spent time speaking to people about safety. The local police diversity officer had recently visited the service to talk to people about how they needed to be supported if they found themselves unsafe in the community or involved in any crime related activity. People were provided with accessible information to help them keep safe. This included leaflets relating to Hate Crime and Anti- Bullying.

People had risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed thoroughly to ensure people were able to receive safe care, whilst also ensuring their choices and independence was promoted and maintained. We saw some people had

risks associated with specific health conditions such as diabetes and epilepsy. People had been involved in developing their risk assessments. These included information about potential risks, ways to reduce risks, such as diet or lifestyle, and information about other agencies involved, including specialist nurses. Some people had risks identified due to their behaviour and lifestyle choices. We saw people had been very involved in the risk assessment process. Staff said this involvement helped people stay safe, whilst respecting their rights to make choices and have control over their life and lifestyle.

People's behaviours were understood and managed safely and appropriately. Positive behaviour support plans were developed to help staff understand people's behaviours, recognise triggers and de-escalate situations when possible. Staff undertook training in the management of behaviours and also received support from specialist staff, which included de-briefs to discuss and reflect on incidents when they occurred. All staff said they felt well supported to manage and understand people's behaviours, comments included, "We work together as a team, we take a positive approach to manage behaviours and never feel we are left in an unsafe situation".

Staffing levels were planned and organised in a way that met people's needs and kept them safe. Some people had specific staffing levels, which had been agreed as part of their care plan and funding arrangements. We saw that these staffing levels had been documented as part of people's care plans and were taken into account when planning the rota. The registered manager regularly reviewed staffing levels, and ensured there was flexibility to meet people's specific requests and sudden changes to routines.

A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work in the service. New staff confirmed a range of checks including references, Disclosure and Barring checks (DBS) had been requested and obtained prior to them commencing employment. The provider used an online tracking recruitment system, which helped them identify and contact suitable candidates.

People continued to receive their medicines safely. Staff undertook training and completed regular competency checks to help ensure they continued to have the skills and knowledge required to manage medicines safely. Systems were in place to audit medicines practices and clear records were kept to show when medicines had arrived in the home, been administered or returned. People who had prescribed medicines to be taken 'when required' (PRN) such as paracetamol, or medicines to reduce anxiety, had records in place to provide information to guide staff about why, how and when these medicines should be administered. There were suitable arrangements for storage and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure medicines would be safe and effective. There was a reporting system so that any errors or incidents could be followed up and actions taken to prevent them from happening again. There were policies and procedures to guide staff on managing medicines and information about people's specific medicines and choices were available. Where possible people were supported to manage their own medicines.

People lived in an environment, which the provider had assessed to ensure it was safe. A fire risk assessment was in place and regular checks were completed of the fire system and equipment. People had personal evacuation plans in place (PEEPS) to ensure emergency services understood how people needed to be evacuated in the event of a fire. A contingency plan was in place to help ensure people continued to be safe and supported in the event of an emergency. People were protected from the spread of infections. Infection control policies and procedures were in place and staff undertook training in this subject. Hand, gloves and aprons were available for staff to prevent the risk of cross infection when they supported people with medicines and personal care. Regular audits were carried out of the environment and infection control practices. We found the home to be clean and hygienic throughout.

Accidents and incidents were reported and the registered manager and provider reviewed all reports to ensure appropriate action had been taken and to identify any themes and trends. For example, analysis of reports had identified that incidents for one person had escalated at a certain time of the day and staffing arrangements at this time could have been having a detrimental effect on the person concerned. As a result the rota was altered, and the number of incidents reduced. A pattern of incidents had also been identified for another person, which prompted a change to the way staff and other agencies responded when the person presented certain behaviours. This involved staff having a good understanding of the person concerned and communicating this information clearly with other agencies who the person could come into contact with. These observations and responses had helped reduce the person's behaviours escalating and improved their well-being and lifestyle. Staff also spent time with people helping them look at incidents and to make choices about how they best needed to be supported.

The registered manager and provider had worked hard to learn from incidents, near misses and mistakes. For example, following some reported medicines errors the registered manager had contacted the clinical commissioning group and requested a review of their systems and processes. The review had helped the registered manager consider their practice and any ways they could further improve and minimise any further errors. The changes implemented following the review included, a reduction in the amount of records completed when administering medicines, the introduction of a red file to provide staff with a visual alert regarding any medicine changes and a reminder on staff phones when people's medicines were due to be given. The registered manager said these changes had been positive and no recent medicines errors had occurred.

## Is the service effective?

### Our findings

The service continued to provide effective care and support. Staff were competent in their roles and had a very good knowledge of the people they supported, which meant they could effectively meet their needs.

Before people moved into the home an assessment was completed to help ensure the service was suitable and the person's needs could be met. We saw some people had moved into the home from hospital or were moving from children to adult's services. The registered manager ensured a smooth transition by working closely with people, relatives and other agencies. Feedback from the children's mental health services was very positive. They said the staff had done exceptionally well to support people from a child to adult setting and to keep people and their right to make choices at the centre of that transition and plan.

People were supported by staff who had received training to meet their needs effectively. All new staff undertook a thorough induction programme, which included being taken through key policies, procedures and training to develop their knowledge and skills. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

Following induction all staff undertook regular training, some of these were deemed mandatory by the provider such as fire safety, food hygiene and safeguarding. Mandatory training was updated on a regular basis to help ensure staff skills and competencies were up to date and in line with best practice. Staff also undertook training specific to the needs of people they supported, including, mental health, autism and positive behaviour management. Training was delivered in a range of formats including face to face and eLearning. Staff were able to request training using an online system and the registered manager was able to track staff training and could see when training was due for completion or renewal. A training evaluation form was completed by staff following training to highlight what they had gained and how the training had impacted on people they supported. A cupboard was available in the staff office with a range of training material for staff to access as required.

Staff said they felt well supported through regular supervision, team meeting, training and de-briefs. They said there was sufficient time to discuss and reflect on practice. Some staff undertook additional training and were 'Champions' in areas such as medicines and diabetes. The Champions were responsible for accessing and passing on best practice information to the staff team. This helped ensure all staff had the skills and knowledge required to meet people's needs effectively.

Staff had a good understanding about how people communicated. People's care files clearly described people's methods for communicating information such as, 'How they preferred to be supported' and 'When they felt happy and sad'. This information was also provided to staff in detail within people's positive behaviour support plans, to help staff understand how people communicated through their behaviour and how they needed to be supported to prevent behaviours from escalating and becoming unmanageable and unsafe. Staff were creative in developing individualised methods of helping people communicate, understand and plan their time. People had 'Hospital Passports', which included important information about their needs and how they communicated. This information would be taken with the person if they

required a visit or admission to hospital to help ensure their needs were fully understood.

People continued to be supported to maintain a well-balanced diet. People's likes, dislikes and any special dietary requirements were documented and understood by staff. People were fully involved in decisions about their meals and mealtimes. People had access to the kitchen area and were able to prepare meal, drinks and snacks either independently or with support from staff. Staff were creative in thinking of ways to engage with people and to help them consider diet meal planning. One person had a hobby of collecting small items associated with a particular interest. Staff used this interest to help them engage with the person concerned and plan menu's using the collectables to represent different food items. This had proven to be a good way to help the person plan their menu and shopping list as well as calming the person when they were showing signs of anxiety or distress. Another person had a preference for certain foods and liked to buy cookery books to explore new dishes. A staff member was sitting with this person talking about different recipes and where the person could purchase the fresh products they preferred.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. When people had more complex health conditions individual support plans were in place for this particular area of care. Staff knew people well and were able to use this knowledge to recognise and respond appropriately to changes in people's physical and mental health. Care records showed specialist advice had been sought regarding specific aspects of people's health needs when required.

People were supported to understand and manage their health needs when possible. For example, one person had expressed a wish to understand their particular health condition more clearly and for information about how their condition could present itself to be available to others. Staff obtained information for the person and leaflets for the homes notice board. Staff said this had helped the person better understand their condition and feel safer should their condition deteriorate.

People were encouraged to remain healthy and topics such as healthy eating, exercise and sexual health were regularly discussed. One staff member had undertaken training specific to topics relating to sexual health. They said this was a particular important area as the service would often support young people who could require support and advice to keep them healthy and safe. The training and links with local young people's health services, meant staff could provide people with advice, help them manage difficult situations, and guide them in the right directions if external services were needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions, and are helped to do so when needed. When they lack the capacity to make particular decision, any made on their behalf must be in their best interests and be as least restrictive as possible. People who lack capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedure in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We saw people were supported to make choices and day to day decisions about their care and lifestyle. Staff understood people's rights and checked people understood and were happy before care and support was provided. Where people had been involved in making larger decisions, this was discussed with the person, documented as part of a plan and included other important contacts, such as advocates, relatives and professionals. This helped ensure people were making informed choices and were fully aware of any risks

involved. For example, one person had expressed a wish to move back to the city where they had been born. A plan had been put in place in agreement with the person and other agencies involved for staff to support the person concerned to visit the place they were considering living so they could make a realistic and informed choice. When people had been assessed by the service to lack the capacity to make decisions about their care and support applications had been made to the local authority as required.

People lived in a service that had been designed to meet their needs. People who lived at Restormel House were young and had different interests and lifestyles. Some people liked to spend time with others and some preferred to spend time on their own. The home had been organised so that separate living areas were available. One sitting room was used as a quieter area with a larger main lounge also available for people to watch television and spend time with others. People's bedrooms had been decorated in a way people chose and contained lots of personal belongings to reflect their interests. Consideration had been given to creating an additional kitchen area as most of the people in the home liked to be involved in cooking and the current kitchen was small and not always suitable for the number of people using it. People had been involved in decisions about the decoration of the home. People could choose colours and furnishings for their bedrooms and discussions took place about the decoration of communal areas.

## Is the service caring?

### Our findings

The provider continued to provide a very high standard of care to people using the service.

The provider's values were completely based around creating a person-centred culture. Their mission statement said, "Our values, vision and mission statements were developed following discussion with our staff and the people they support. They form a fundamental part of our culture of inclusion".

There was a clear focus on people being fully involved in their care and being at the heart of how they were supported to live their lives. People were supported to work and live together happily. Individual and group discussions were facilitated to allow people time to raise issues and talk about day to day events in the home. We saw the minutes of a recent residents meeting that had been held in a local pub and eating place. The registered manager said, "People lead on these meetings, the agenda is planned by them and where they decide to meet and talk is also their choice". The registered manager continued to think of ways to help people live together happily and safely. Following some recent incidents, they had requested support from the local police diversity officer to talk to people about 'hate crime and bullying'. They said this was important to help people recognise when the actions of others was inappropriate and provided them with the tools and information needed for people to protect themselves.

People were supported to be as independent as possible. The provider had a strong emphasis on supporting and encouraging people to develop their skills and if possible to move on into a more independent setting. Staff said, "People should not have to think they have to stay here for ever, if people want and are able to move on we support them". People had documented their progress and achievements in a 'My Journey' story, which was held in a file for them to read and share if they chose to do so. People and staff were proud to share some of those stories with us.

We read and heard about one person who had continuously expressed a desire to move out of Restormel House into a more independent setting. The person, staff and other agencies had recognised that although this was what the person wanted they were likely to find it a very stressful process. The staff supported the person to view potential accommodation, organise finances and access advocacy services. During this time the person concerned would at times remove themselves from the home, but still sought emotional support and guidance from the staff members who knew them well. Staff said they would stay in contact by phone, listening, talking and providing advice and information when needed. Staff said, "We just helped them on their journey, supporting, listening, allowing them to make choices but helping them stay safe". The person concerned did eventually achieve their goal and moved from Restormel House into a more independent setting. At the time of the inspection they had told the staff they were happy for the story about their journey to be shared. All the staff spoke fondly about this person and their achievements.

The provider's values also included, "Compassionate care, respect and dignity, independence, empowerment and citizenship". It was very clear that staff had adopted this philosophy in relation to the support they provided. It was reflected in the way staff spoke about the people they supported, in the practices we observed, and in the feedback we received about the way staff treated people.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed staff treated people with the upmost patience and kindness. Throughout the inspection we heard and saw plenty of laughter and smiles. Staff were very attentive to people's needs and understood when people needed reassurance, praise or guidance. People in the home were young and the interactions between staff were appropriate and reflected the needs of a younger group of people. There was a busy, but fun atmosphere in the home. Some people sat quietly chatting with staff, others chatted over a mug of coffee and cigarette in the garden area. People came in and out of the office sharing jokes with staff and planning their day. People were supported by staff who knew them well, and who were passionate about helping them fulfil their goals and enabling them to enjoy a healthy and fulfilled lifestyle.

People living at Restormel House had a range of different and in some cases complex care needs. We saw people sought interaction, reassurance and information from staff regularly throughout the day. Some people's behaviours and requests were repetitive and did not always take into account other people or events that were going on in the home at the time. We saw how all the staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile. Staff knew people well and were able to adjust their responses to meet people's individual needs and personality. For example, staff spoke gently and clearly to some people, whilst others could have their questions answered in a more jokey and light-hearted manner.

Other agencies we spoke with were very positive about the care provided. A healthcare professional who had recently been involved with the service said they felt staff, "Really go that extra mile". They said, "Considering the complex needs of people they support, they have done really well, built great therapeutic relationships, kept the person at the centre of the plan, managed risks, and ensured the person makes choices and stays in control".

We read positive feedback from people who had previously lived in the home and had moved on into a different setting. The registered manager had gained permission from people to share the feedback during the inspection. Comments included, "Deep and sincere thank you for being the light at the end of the tunnel", and "Now it is time to move on, thank you to the manager and team for making the last five years worth living". A person living at the home at the time of the inspection had also wanted to write down and share some feedback with us, they said "The care is perfect, the food is perfect, my medicine is perfect".

A healthcare professional had also provided very positive feedback about the care given to a person during a hospital admission. They praised the staff for their care, compassion and skills when a person with complex behaviours was attending the accident and emergency department. They said the skill, care and understanding of staff calmed the person and helped ensure the individual and others were safe.

Staff were skilled at supporting people to resolve issues and to understand how the impact of their behaviours could affect others. For example, two people had been struggling to share communal space and this was at times resulting in incidents. Staff worked with each person individually to help them understand the impact of their behaviour. In addition, they supported both people to work together to resolve the issue, which included the purchase of an additional television so they could spend time separately. Another person had raised an issue about people using the kitchen to cook meals late in the evening. This was discussed in a residents meeting and staff supported people to come to an agreement that would meet the needs and wishes of everyone. Although people mainly organised their time on an individual basis some group activities were planned to give people the opportunity to socialise and build relationships with people they lived with. For example, 'Try it Tuesday' allowed everyone to sample a particular meal together one evening a week. This gave people the opportunity to spend time together talking and sharing ideas.

People who lived at Restormel House were young, and even though they had in some cases very complex needs there was an emphasis on them being supported to fulfil their goals, and to lead a full and active lifestyle. Before people even moved into the service, the staff worked hard to gather as much information about their needs and to include them where possible in every aspect of their care. One person had documented their move to the home, titled 'X's sleepover that turned into moving in'. The story had been documented in words and pictures by the person concerned and told how they had visited the service and decided they wanted to stay. The registered manager said one of the staff who had met X before they moved in had made sure they came into work really early on the first morning so they would see a familiar face when they woke up. X had documented this in their story and went on to say, "Monday was the day I told everyone my decision to stay".

Staff demonstrated the strong desire to always go the extra mile to meet people's needs. We heard about one person who was due to attend a family wedding. The family had expressed their strong wish for the person to attend the day, but recognised this could pose some challenges for the individual and staff. The staff said they had been shopping with the person and supported them to be, "suited and booted" for the big day. A plan and risk assessment had been put in place to help ensure the person could attend. We heard that on the day of the wedding the person had become unwell and needed support to attend. The person had expressed a wish not to have staff with them during the celebration, so a staff member sat in their car for four hours when they would not normally have been working so that the person could remain independent but could also have support if needed. Staff and the individual concerned were delighted to show us photos of the big day, which had clearly been a very special occasion for all concerned.

Other agencies said staff often went the extra mile and were innovative and creative when meeting people's individual needs. A healthcare professional said they had been really impressed how staff had given up their time to drive a person several hundred miles so they could visit a part of the country they thought they might like to live, "They really didn't have to do that, but cared enough to see the importance of the person getting a real feel for the place they thought they might like to live, and enabling them to make an informed choice". The person concerned and staff were keen to tell us about the 'road trip' which they said had been two long days, but very successful and worthwhile".

People's achievements were recognised and celebrated. One person had been nominated for an external awards evening. The BASH awards recognised people for being active and staying safe. The home had nominated two people, one for their contribution to employment and another for their involvement in healthy activities. One person had received an award and attended the awards evening. Staff were sensitive in recognising that some people could find the achievements of others difficult when they could be struggling in a particular area of life or to fulfil a goal. They said in the past they had been quite vocal in recognising people's success, but due to the need to be sensitive to others there had been times when they needed to celebrate in a more person-centred way.

Staff demonstrated a passion to really understand people's behaviours and to help them remove obstacles to achieving their goals and wishes. For example, one person had moved from an environment, which had been very restrictive and they were used to being treated in a way that limited their choices and opportunities. In addition to training and specialist support the staff team had spent time getting to know the person, understanding their behaviours, and recognising when behaviour was escalating. They had started building positive relationships and trust with the person concerned, which they said enabled them to look at the person's needs more positively and not just in relation to past behaviours. This had included supporting the person to organise and manage their finances, which they had never had support to do before. This resulted in the person being able to purchase their own computer and partake in activities enjoyed by other people of their age.

Staff showed they cared about people by looking at wider issues that mattered to people. For example, one person was supported to move out of poor accommodation into a safer environment. At the time of moving and being supported by the staff at Restormel House the person had owned a dog, which they had loved but was also living in poor conditions. As part of the move the Registered Manager contacted the RSPCA and helped ensure the dog was cared for appropriately. The staff ensured regular updates were passed to the person about their pet and part of their long-term plan included working towards owning a dog or other pet in the future

The staff team were passionate about respecting people's privacy and dignity. We heard staff speaking to people in a respectful manner at all times during the inspection. When people needed to speak about personal matters staff lowered their voices and made sure people were able to speak to them privately. The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. Staff recognised, understood and respected people's differences and diversity. The provider had registered with a leading equality and diversity charity organisation, which gave them access to training and information. The registered manager said, "We want to be a forward-thinking organisation, with the recognition and respect of people's rights and diversity embedded in the culture". All staff attended equality and diversity training and some were champions in this area. The registered manager recognised the benefits of having a diverse community of staff who valued one another and the contributions they could make to the service. This was evident in the recruitment and mix of staff employed.

People were not discriminated against in respect of their sexual orientation. Staff recognised that some people were exploring their sexuality and supported them sensitively and appropriately when required. Staff had supported one person in relation to their particular lifestyle choice. Staff had spent time with the person to gain a better understanding and had developed a plan with the person to help ensure appropriate support was provided. Innovative and sensitive methods had been used to protect people's privacy at all times. Staff were sensitive and respectful in relation to people's religious and cultural needs. One person had made very specific requests about the decoration of the house at Christmas. This had been discussed with everyone and agreements made so that everyone's views and beliefs would be taken into account.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. Staff were consistently complimentary about the registered manager saying, "They really care about everyone, going over and above. Always thinking ahead, being creative in how we work, supporting people, I don't know how they do it". One staff member wanted to share with us how much they had been made to feel valued when they had needed to take a period of time off work. They said the provider and registered manager had supported them during a difficult time and had also welcomed them back to work ensuring a plan was in place to support them. They said, "They were fantastic, thoughtful, caring". They really didn't have to support me in the way they did", and "I think the positive and caring way staff are treated impacts on the way people are treated, the people here were also compassionate, it is in the culture".

People, where possible, received care from the same group of staff. The consistency helped meet people's emotional and behavioural needs and gave staff a better understanding of people's communication needs. The consistency and planning of staff supported relationships to be developed with people so they felt they mattered. People had a say in their care arrangements. Rota's were colour coded so people could see who was on duty and who would be supporting them.

People were also valued and supported to have meaningful input into the recruitment process for new staff. A staff member had returned to work in the home following a long period of time away. People had been asked what they could remember about this staff member and if they were happy for them to return to work.

The management and staff team understood the importance of confidentiality. People's records were kept securely and only shared with others as necessary. People knew and consented to individual information being shared on a case by case basis. The registered manager was aware of the General Data Protection Regulation 2016, which came into force in May 2018 and introduced some new guidelines in relation to people's confidential information. The homes policy had been updated. The registered manager had reviewed each person's record and checked with them that the information was correct and what could or could not be shared with others.

## Is the service responsive?

### Our findings

The provider continues to provide a service, which is very responsive to people's needs.

The service provided outstanding support that was very responsive to people's individual needs. The registered manager and staff worked very hard to understand what was important to people and to ensure these needs were met. The service followed the principles of Registering the Right Support to ensure people can live as ordinary a life as any citizen. This started by ensuring the assessment process, not only got to know the person's needs but also included the person's long-term goals.

The registered manager told us the service very much focused on supporting people to fulfil their wishes and goals. This included enabling people where possible to move on from Restormel House if they chose and wanted to do so. We were told that since the last inspection a number of people had fulfilled their long-term wish of moving on from the service into a more independent setting. These stories had been documented by people in a 'Journeys' file for people and the service to share and celebrate. We read about one person who had fulfilled their long-term wish to move into a more independent setting. This journey had not been without its hurdles, emotions and setbacks. However, in addition to emotional support staff had helped the person access advocacy support, organise their finances, and view new places to live. The journey had also documented a countdown to the person moving out and the support the person had needed to buy furniture and move into their new home. We heard how the person concerned had successfully moved on from Restormel House and was living more independently. They had kept in touch with the service and staff continued to be pleased and proud of their achievements

We heard about another person's personal journey to develop their independence at Restormel House. The person had been supported to take control of issues relating to their health by attending training along with the staff about their health condition. Staff had also supported this person to manage their finances and budget. We saw a plan in their room, which detailed how much they had spent and saved. Staff said this support had enabled them to save for a computer and had WIFI connected in their room allowing them to watch their favourite sporting events. The registered manager said this was fantastic progress for a person who had previously experienced many restrictions in how they lived and in the choices they made.

People were given plenty of opportunities to take part in a wide range of activities, which contributed positively to their well-being. The registered manager and staff worked really hard to get to know people and ensured opportunities suited people's age, interests and personal preferences. One person liked to have their own space and had started to convert a shed in the garden area into an 'office' for their own personal use. The staff recognised the importance of this person's personal space and had supported them to create an area where they could spend time on their own. Staff worked really hard to encourage people to access the community and to be healthy and active. One staff member brought their skateboard into work each day, so they could join one young person who enjoyed this hobby. Staff had also sat alongside a person at the barbers and also had their hair and beard trimmed as a way of building a relationship and rapport with a young person they supported.

Staff showed a real determination to help people fulfil and explore people's interests and hobbies. For example, we heard about one person who was very passionate about a TV character, and loved any films, programmes or events where these characters featured. A local event had been due to take place where the characters would be making a guest appearance. The staff showed a real commitment to ensuring this person could attend and enjoy the day. The registered manager and staff understood potential hurdles and risks for this person in relation to this activity, and supported this by fully involving them in the planning of the day. For example, they spent time considering with the person what would happen, if it rained, or if the characters were late or didn't arrive. Staff understood these were potential triggers to behaviours which could be unsafe for the person and others. The risk assessments and plans for the day had been documented in pictures so that the person could understand what had been agreed. The registered manager said, "We support young people, we know there are risks, but sometimes we need to overcome them and ensure people have the same opportunities as others". We saw lots of fantastic photographs capturing the day, which staff said had been a huge success.

People were supported to pursue their education and to find voluntary or paid employment. One person since moving into the home had succeeded in securing paid employment. This goal had been outlined as part of the person's care plan, which also included a future goal of moving out of Restormel House to live more independently. The registered manager said this person was well on their way to achieving their goal and in addition to work had successfully opened their own bank account, and been on two recent holidays abroad.

The provider did not tolerate any form of discrimination. People's differences and diverse needs were understood, respected and considered at all times when planning care. Some people in the home had at times displayed inappropriate behaviour towards others and not always recognised other people's rights and differences. The registered manager had responded to this by contacting the local diversity officer and asking them to talk to the home as a group about diversity issues. The registered manager recognised when people's needs changed in relation to their age. Most people in the home were quite young and were starting on their journey of exploring adulthood and future plans. However, one person was older and staff were aware they may want a quieter and more settled lifestyle. They had spent time with this person discussing their future needs and had explored other community activities appropriate to the person's gender and age.

The service really felt like people's home. People chose what they wanted to do and when they wanted to do it. When we arrived at the inspection a person who lived at the home answered the door, checked our identity and invited us in. Some people were busy getting ready for the day, and others were either having a lie in or were sitting having breakfast and a slower start. The main office was a buzz of activity and along with the kitchen, a busy part of the home. People went in and out of the office, chatting, laughing and catching up on the evenings events and plans for the day. People were clearly familiar with their routines, such as when they had their medicines, appointments they had planned and who would be supporting them. People had daily planners, picture timetables and other communication aids to help them understand what they needed to do and to plan their day. Staff names were available at the entrance to the home, which would be added to a chart to help ensure people understood who was on duty and who would be supporting them.

The staff team worked together to ensure people were treated as individuals and that they provided the best care and support. This started by getting to know people even before they moved into the service by undertaking a thorough pre-admission assessment to help ensure the service was appropriate and their needs could be met. The registered manager and staff worked closely with relatives and other agencies to help ensure people's move to the service and between service was well planned and met their needs. For

example, one person had moved into the service from children's services and had required a considerable amount of emotional and specialist support. Training, policies and procedures were in place to ensure staff understood the needs and rights of children and younger adults. Multi-agency meetings had taken place and were ongoing to help ensure the young person's needs continued to be met appropriately. Feedback from the children's mental health services was extremely positive. They said they had been really impressed how staff had worked hard to build a positive relationship with the person concerned, kept them at the heart of planning their care and ensured their choices and decisions were considered at all times.

The service was extremely person centred and staff had an excellent understanding of people's needs. People's care records and support arrangements were highly personalised, which ensured care was tailored to meet their individual and diverse needs. Daily monitoring forms reflected these person-centred care arrangements and helped ensure the care was delivered as required. Information about people's behaviours was comprehensive and understood by staff. Positive behaviour support plans meant staff tackled underlying reasons and triggers and sought external health and specialist support when required. People's support arrangements were reviewed regularly to ensure the care and information remained responsive, appropriate and up to date. People whenever possible were fully involved in the planning and review of their care arrangements.

The registered manager and staff had been creative and innovative in ensuring they responded appropriately and effectively to people's communication needs. Care plans, risk assessments, behaviour support plans and health information had where appropriate been translated into pictures and symbols for the person to understand.

People's individual communication needs had been assessed, which helped ensure information was provided to them in a format they could understand. For example, people's daily routines, menu's and activity plans were provided in a way the person could understand and use to organise their time. One person used toy characters as symbols for writing their menu and weekly shopping list on the homes computer. The staff said, "It doesn't really mean a lot to other people but it does to them and that is what matters". Easy read information had been developed covering a range of topics, which people could access to, including, equality, diversity and human rights, confidentiality, resident's money and sexual health issues. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The registered manager continued to explore the use of technology to assist with responding to people's individual care needs. People either had their own or access to the homes computer system. We saw one person writing their weekly menu and shopping list on the homes computer. The registered manager said this was a very important task for the individual but also allowed staff to spend valuable and positive time with them. Each person had a memory stick to allow them to access information about their support arrangements and identify any issues or changes. One person had expressed a wish for staff not to knock on their door to wake them in the morning. It had been agreed that staff would let them know the time and remind them about their medicines using the texting system on their mobile phone. People were also supported to use the internet to find out about local services and events, make appointments and to follow sporting events and other areas of interest.

There were many examples where people's emotional and psychological well-being had improved in addition to developing their life skills. Staffing levels were organised in a way that ensured people had

support from staff when they needed it. Specific one to one staff support was planned into people's day and daily monitoring forms and guidelines for staff helped ensure these interactions happened as required. Staff anticipated when people would need additional support and ensured this was in place. For example, one person had a health appointment the morning of the inspection. Staff understood this person's anxiety and answered their questions promptly and sensitively.

Staff worked hard to understand people's behaviour and to respond positively and appropriately. Positive behaviour support plans were developed with the individual and trained staff, the plans were personalised and adapted to meet people's specific needs. For example, one person's plan had a list of ways they had tried to manage their behaviour. This had included, talking and listening, using cards to show staff how they were feeling, and using a 'sensory fiddle board' to use when they became anxious or angry. Staff said this had worked for a while and then had to be reviewed again when the person changed. Staff said these methods worked for this particular person but would not necessarily work for others, comments included, "We have to be person centred, what works for one person may not work for another, and even something that works one day may need to change the next".

Throughout the inspection we observed staff thinking on their feet about how they could support and manage situations which arose without any warning. Staff said "We have to think all the time, be creative, respond to changing and new events". One staff member was planning how they could encourage a young person to shower that day, a task they said the person didn't always enjoy. The staff member told us about another person who had a similar issue in relation to personal care. We were told the person loved cars so staff had purchased car sponges for them to use in the shower. Staff said the registered manager was very innovative and creative in relation to meeting people's needs, comments included, "The manager is always coming up with new ideas, thinking ahead, thinking how we can deal with new situations, although we have a care plan, she makes us more open to new ideas".

People were supported to plan holidays and to visit and maintain contacts with family and friends. We heard about one person who had planned and been on two holidays since we last visited. Another person had experienced a difficult time with a close family member. They had expressed a wish to redevelop this bond but had found this emotionally difficult. The staff had spent many times talking to this person about their relationships. The registered manager said that on one occasion when the person had been away partaking in an activity in a different part of the country they had expressed a sudden wish to visit their relative. The staff had responded promptly and despite the time and logistics responded immediately to this request, which resulted in the person re-establishing their relationship with the family member at a particularly significant and important stage in both their lives.

The service had a robust complaints procedure, which had been produced in a user- friendly format for people to access and understand. The service had received very few complaints since the last inspection, but any received had been clearly documented and dealt with in line with the provider policy. We saw people were confident to raise any day to day concerns by speaking to staff who answered their questions and resolved issues promptly and sensitively where possible. Residents meetings also provided a forum for people to raise any concerns and recent meetings had documented a variety of topics discussed with action plans when needed. A 'grumbles' book was available, which ensured people's voice was heard and small issues dealt with before they developed into bigger problems. People had identified key workers who were specifically responsible for having an oversight of people's general well-being and would escalate any concerns to the registered manager and staff team.

Compliments had been received from a variety of sources including people who used the service, professionals and members of the public. A person who had lived at the service and had moved on had

feedback, "Thank you for all your care and kindness and for putting all the broken pieces back together". Feedback from a healthcare professional included, "It has been a pleasure working with you all and thank you for the huge progress X has made". A member of the public had sent a thank you card thanking people and staff for helping them when they had fallen in the snow outside the home. The registered manager said some people and staff helped the person and gritted the street to avoid a further accident happening. They said they believed it was important to encourage people to look after, and be compassionate towards others.

The service mainly supported younger adults and had not had to provide end of life care. However, the registered manager had recognised the importance of understanding and documenting people's views and wishes in relation to end of life care, loss and bereavement. Two members of staff had attended end of life training and provided advice and support to people and other staff members when required. People had been supported following the sad loss of a staff member. Staff recognised that people dealt in different ways with their grief and had supported them in a personalised way. Some people had put together small gifts when the person was unwell, and following the persons death some had chosen to remember them by taking flowers or visiting their resting place at significant occasions such as Christmas.

## Is the service well-led?

### Our findings

People received care and support from a service that was exceptionally well-led. Personalised care was central to the services philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with passion and used words like, "Individual", "Independence" and "Rights" when they talked about people they supported. We heard about innovative and personalised ways staff had managed difficult situations, enabled people to overcome obstacles and helped people fulfil their dreams. Staff had shown commitment and a willingness to go that extra mile if it meant people would progress and achieve a particular wish. This had involved staff really getting alongside people, understanding them and building relationships so they could support and join the person on their personal journey when needed. For example, staff had driven long distances to help people meet up with family and friends, sat in their car all afternoon so a person could safely attend a family wedding and joined in with people's hobbies such as skateboarding or going to the local hairdressers to offer moral support and encouragement. Staff had supported people on their journey to move on from the service, providing practical and emotional support when setbacks occurred and celebrating when positive outcomes were achieved.

There was a positive culture and clear set of values within the service. The values were 'compassionate care', 'excellence' and 'hard work' with a vision to provide excellent care and support, to continuously improve the quality of the service and to make people's lives better every -day. These values were understood and shared by the whole staff team who reflected the same ethos in the way they cared for people. We saw people were enabled to live a happy fulfilled life, to feel safe, to try new opportunities, achieve goals and reach their potential. The provider and registered manager helped ensure these values were embedded into practice by providing strong leadership, sufficient training and by having an oversight of the service through the homes quality monitoring processes.

These visions and values were observed throughout the inspection and have been reflected within this report. We observed that staff's attitudes and behaviours reflected this commitment in all the work they did on a daily basis. For example, promoting the Regard Partnerships Mission of supporting people to experience 'A full life that makes sense to the individual, choice and control, opportunity and friendship'. We saw many examples of people being supported to take control of their lives where they had previously been restricted as well as care planning being based around people's personal goals, wishes and choice. We saw and heard a number of examples of positive outcome for people and improved lives, which we have reported on throughout this report.

Staff spoke to people with respect, appreciating the diversity of their conditions and circumstances. People's individual lifestyle choices were understood and respected. We saw and heard examples throughout the inspection to demonstrate that people were not discriminated against in relation to their sexuality or other individual lifestyle choices. Staff undertook regular training in relation to equality, diversity and human rights and this topic was regularly discussed. The registered manager had also sought support from the local police diversity officer to support people in the home to consider diversity issues and to keep safe. We observed staff interacting positively with people they supported, and there was an atmosphere of

equality and fairness amongst all. Staff were confident with discussions about people's differences and diverse needs. People were encouraged to live together happily, by spending time together, learning about each other and resolving issues in an open and positive way. For example, one person had a particular health condition and had been supported to share information with others in the home about their health and how they may need supporting if their health declined. This had helped other people understand their needs and helped the person feel safer in their home. The Regard Partnership mission stated that they wanted staff to experience a 'positive, inclusive, working environment where diversity is celebrated'.

Recruitment processes and the planning of staff demonstrated that the provider and registered manager recognised the benefits of having a diverse community of staff who valued one another and the different contributions they could make.

Staff without exception were very positive about how the service was run. Comments included, "The manager is excellent, always proactive, thinking ahead" and "Everyone knows exactly what they are doing, there is a culture of questioning, we have support all the time, the communication is excellent". Staff told us they felt listened to and valued because the registered manager and provider involved them in all aspects of the service. They told us what they said mattered, they were listened to and encouraged to suggest new ideas. Staff said the registered manager was caring, compassionate and led by example. One staff member wanted to share with us the support they had received when they had been off work due to ill health. They said the registered manager had been, "fantastic, thoughtful and considerate".

The registered manager was involved in the full operation of the home, from the direct delivery of care, daily routines and supporting community activities, through to monitoring and reviewing placements. The registered manager had a very 'hands on approach' and presence within the service. A healthcare professional told us how impressed they were that the registered manager had planned to take a person to visit a part of the country they had thought they might like to live. They said despite the distance and amount of work this involved the staff and the registered manager had shown a commitment to supporting this person's request. The registered manager told us they felt it was important for them to be willing to undertake tasks they would expect members of the team to do, they said "The trip was going to be long and possibly difficult at times, it was important I worked alongside staff and really supported them".

The registered manager knew people in the home well. We observed people seeking them out to chat and update them on their plans. People clearly knew the manager well enough to relax and joke with them, whilst also trusting their support and guidance. This relaxed and positive atmosphere was also evident between the management and staff team. There was an open and inclusive atmosphere. Staff smiled and laughed as they worked sharing experiences and ideas about events and people's daily routines. In addition to this happy, relaxed and positive atmosphere staff were also competent and confident in their role.

All staff were able to talk confidently about their work and were clear about their roles and responsibilities. Staff were keen to show us work they had undertaken to support people and to continue to improve the quality of the service. For example, one staff member had undertaken sex education training at a local drug and alcohol service. They said the modules covered enabled them to provide support and information to the young adults living at the service.

The registered manager continued to keep up to date with their own professional development. They worked in partnership with other organisations to promote good practice and attended local provider forums. This had included regular attendance at local dignity in care forums and completion of the local authority leadership course. The registered manager told us they had recently presented at one of the dignity in care forums sharing what they had learned in relation to leadership and the gathering of evidence

for inspections. The registered manager had built extremely good working relationships with other agencies such as the specialist mental health team and learning disability services. They had worked closely with the local police, drug and alcohol services, and as part of shared learning and their leadership training had spent time at a local drug rehabilitation service. They told us these contacts and experiences had helped ensure people had access to a range of relevant services to meet their current and changing needs. They understood the importance of working within a multi-disciplinary team that focused on person centred care. Positive feedback was provided by a representative from the children's mental health services who stated that they had been very impressed how the service had supported the transition for a young person from children to adult services.

The service really inspired staff to provide an excellent quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to maintain a high standard of care. There was a strong emphasis on team work amongst all the staff and everyone was respectful towards each other and played a vital part within their individual roles and responsibilities of running the service. For example, staff spoke highly about the staff member responsible for developing positive behaviour support plans and behaviour management guidelines. They recognised this person's skills and commitment to the service and their area of work. Comments included, "They are fantastic, and do so much".

The provider had organised events where people and staff could be nominated and received awards for their contribution to the service. At the event in 2017 one person at Restormel House had nominated a staff member for helping them find employment and the team of staff had been nominated for undertaking a complex piece of work to support a person to move on into more independent living. The registered manager said these awards helped staff reflect on their work and ensured morale remained high. Staff members had also been nominated and received awards at the Plymouth City Council Celebrating Excellence in Care Awards (2017). The registered manager had been nominated and had received an excellence in leadership award. At the time of this inspection the Awards evening was due to take place again and staff were excited to tell us they would be attending and several staff members had been nominated for an award.

Staff had access to a range of forums to support them personally and in relation to practice. This included, an 'employment assistance programme' which provided a free confidential service to discuss any personal or work-related matters, an online 'staff room' for staff to share practice, experiences and general discussion, and a staff incentive called 'The wider wallet' which provided financial assistance such as child care vouchers.

Support plans provided excellent detail about people's needs and how they needed and preferred to be supported. Daily monitoring and records completed by staff demonstrated a genuine understanding of their role and purpose. All the records held in the home were well maintained, well organised and kept safe. Staff said they were able to easily access the information they needed to meet people's needs appropriately and safely. Comments included, "If I have been away I can easily catch up with what has been going on. Information about people is clearly documented and communicated". Staff meetings were held regularly to provide an opportunity for discussion. Staff said these meetings were very informative and gave the chance to share ideas, experiences and reflect on practice.

It was evident throughout the inspection that people really benefitted from receiving a service that was continually seeking to provide the best care and support possible. The provider and registered manager demonstrated effective leadership skills within their roles. Their enthusiasm, commitment and knowledge of people they supported was evident throughout the inspection.

The registered manager and staff were committed to people being able to achieve, progress and develop their independence. This progress, positive outcomes and achievements were documented by people and held in a 'journeys' file for people to refer to and celebrate.

Exceptionally good governance of the service by both the provider and the registered manager benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The registered manager felt strongly supported by the provider and effective governance of the service was visible with the registered manager, regional manager and regional director regularly involved and present in the service. Recent staff minutes showed that the registered manager spoke with staff about the inspection process and regulatory requirements. A file was in place for staff to add evidence about how they ensured people were provided with a service which was safe, effective, responsive, caring and well-led.

The provider had programmes in place to promote effective and inspiring leadership across the organisation. This included inspiring leader's programmes, leadership conferences and the sharing of ideas across different service. One of the services located close to Restormel House had achieved an outstanding rating at a previous inspection. The registered manager at Restormel House said they liaised closely with the registered manager of that service to discuss best practice and to help ensure they reflected the same standards of care.

Regular audits were carried out including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. These audits were well organised and easily accessible. There was a live computer system which was kept up to date so the provider could see how the service was performing at any time. Action plans were developed with improvements and timescales when needed. Quality monitoring reports demonstrated a good quality assurance process and reflective interactive engagement with people, staff and other agencies. Recommendations and feedback was documented and followed up by the registered manager and staff team. For example, a recent survey completed by people using the service highlighted that people wanted the garden area and hallway updating. These views had been listened to and people had been involved in making these improvements.

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service. The registered manager showed us clear and detailed audits of all accident, incident and near misses. The systems in place to document these events detailed what had occurred, the outcome and action taken by the service. This information had been collated to allow the provider and registered manager to see any patterns and address any shortfalls in the care and quality of service provided. For example, an audit of incidents highlighted an increase of incidents for one person at a particular time of day and when certain staff were on duty. The staffing rota was changed, and the number of incidents reduced. A regional risk profile ensured the provider had oversight of all incidents, which could then be discussed with the registered manager when required. The auditing of incidents also allowed the registered manager to discuss practice with staff and to consider the need for support and debrief.

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

Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen to the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcome for people and any action taken.

