

Milestones Trust

Flaxpits House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 9 and 11 October 2018 and was unannounced. The previous inspection was carried out in May 2016 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Flaxpits House provides accommodation for up to ten adults with a learning disability. At the time of our visit there were nine people living at the service. There was a self-contained flat occupied by one person on the first floor, a self-contained annexe (this person had their own staff team) and the main house which provided a home for eight people. The registered manager told us the philosophy of the service was to help young adults with learning disabilities to move onto more independent living.

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

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 persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service 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. This had been fully embedded into the service provision.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely. There was an ongoing recruitment initiative to fill the five staff vacancies. In the interim a core group of bank and agency staff were being used to offer consistency.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment and fire systems.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected.

Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected.

Staff recognised the importance of effective communication enabling them to respond to people in a person centred way. People were very much involved, they were consulted about activities and involved in the recruitment of staff.

The home continued to provide a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and very committed to providing care that was tailored to the person. People were treated with kindness and compassion.

People received an exceptionally responsive service. Care and support was personalised and person led. People were supported to take part in a variety of activities and trips out based on their interests and aspirations. This included looking at long term goals such as living more independently. Creative and positive steps had been taken to promote positive relationships with each other and supporting people with a positive behaviour approach enabling them to deal with their emotions.

The service was well-led. Relatives and staff spoke extremely positively about the commitment of the registered manager and the team in supporting people.

The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and were creative in their approach.

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 continues to be safe.

Is the service effective?

Outstanding ☆

The service was extremely effective. People using the service were effectively involved and supported with making decisions about their lives. Information was accessible and staff were creative in their approach to ensure people were involved in decisions about their care. There was a multi-agency approach, which was co-ordinated by the registered manager and the team to ensure extremely positive outcomes for people.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty. Staff upheld people's rights to effective care and treatment.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

People had access to a healthy and varied diet, which provided them with choice

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Outstanding ☆

The service had improved and was outstanding in their responsiveness to people's individual needs.

People were listened to and their dreams and aspirations were acknowledged and acted upon.

Activities had been kept under review to ensure they were appropriate and people's experiences were widened. The home was very busy with people going out regularly on a one to one basis.

There were many examples where people were supported to lead the life they wanted. There was a 'can do' attitude.

Staff were knowledgeable about the people they supported.

Is the service well-led?

Good ●

The service continues to be well-led.

Flaxpits 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.

This inspection took place on 9 and 11 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector. The last inspection was in May 2016 when the service was rated as good.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted the local community learning disability team, the local safeguarding team and commissioners. We asked them for some feedback about the service. You can see what they told us in the main body of the report.

We spoke with the registered manager, an assistant team leader and four care staff. We spoke with two people who used the service, four relatives and observed interactions between staff and the remaining people in the home. This was because not everyone could tell us about their experience of living at Flaxpits House.

We looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe. A relative said, "Since X (name of person) has moved to Flaxpits House they no longer worry and cannot fault the service". They said they (the service) had done more in the first six weeks than the previous service had done in four years.

Some of the people at Flaxpits House used non-verbal communication. We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented. People were supported to access all parts of their home safely. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. Those people that were able to tell us about their experience told us they were happy with the care and support they received.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe and these covered all aspects of daily living. They had been kept under review and other professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required. Staff showed a good awareness of their role in keeping people safe.

The registered manager had appropriately raised safeguarding concerns. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe.

Staff told us the atmosphere in the home had completely changed since a person moved from the service. They said this had a positive impact on how people now interacted with each other with them spending more time in the communal areas. Staff told us they now had more time to spend with people. During this time, the registered manager and the staff were raising their concerns with the placing authority and the local safeguarding team as it was evident that the person no longer wanted to live at Flaxpits House. Strategies were put in place to keep the person and other people safe, including increasing the staffing for the individual. The registered manager commended the team on the support to the person covering the additional shifts and the one to one support they had put in place. There had been a significant reduction of safeguarding alerts since the person was successfully supported to move to a supported living service.

Medicines, policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the manager. The shift coordinator was responsible for the administration of medicines. A second staff member working was assigned the responsibility of checking to ensure all medicines had been given.

Each person had their own file containing information needed to support people with their medicines. This included what support people needed, any known allergies, a description of each medicine and what it was

prescribed for and any known side effects. There was information to guide staff on the use of 'as and when required' medicines.

People's medicines were kept in their bedrooms in a locked cupboard. The registered manager told us they had reviewed the medication system and storage when they first started working in the home to ensure it was more person centred. Medicine errors were investigated and additional training was provided to the staff. Where an error had occurred the registered manager or assistant team leader had reviewed the staff competence to ensure they had the skills and knowledge to give medicines safely.

Staffing levels were planned and organised in a way that met people's needs and kept them safe. Some people had additional funding, which had been agreed as part of their funding arrangements. We saw people were receiving the additional hours and this was being closely monitored. The registered manager regularly reviewed staffing levels, and ensured there was flexibility to meet people's care and support needs.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products. Relatives told us the home was always clean and had no concerns in this area.

The home had recently been inspected by the local authority in respect of food hygiene and had received a five star rating. This is the highest rating that could be achieved.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. External contractors completed checks on equipment to help people with mobility.

Is the service effective?

Our findings

People were provided with an effective service. This was because people's needs were consistently met by staff who had the right skills, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.

People had access to other health and social care professionals. People were registered with a GP and attended dental and optician appointments. Each person had a health action plan that described the support they needed to stay healthy. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapists and consultant psychiatrists. Where families had requested to go to health care appointments this was respected.

The staff team strongly advocated for a person who was fed using a feeding tube called a PEG since a very early age to having this reversed. This had a significant impact on this person's life. From being withdrawn to enjoying the company of others, going out for meals and trying new activities. Staff told us this had not only had an impact on their diet but on other areas such as improved sleep pattern as they no longer had their feed regime at night and improved general health. Because of the approach of staff this person was more engaged and experiencing more activities, which had been previously been difficult. They now attended hydro therapy, went horse riding and regularly went shopping to buy items they wanted to eat. Staff had done this in conjunction with other health professionals and the person's relatives. This was commendable and showed that staff had clearly advocated for a person, which had made significant changes to the way the person was being supported and living their daily life.

Due to some people's physical disabilities, there was a potential risk of pressure wounds. Staff told us that presently no one living in the home had a pressure wound. They described the support people received to minimise these risks. This included any specialist equipment that was in place to prevent pressure wounds such as pressure relieving mattresses. Staff monitored people's skin condition and recorded any areas of concern. If a person had a concern in relation to a pressure wound, the staff would liaise with the district nurse and the person's GP.

Staff told us how the management team had proactively advocated for a person as they noted that their specialist chair no longer looked comfortable. This was because the person was clearly using non-verbal communication to tell staff about their discomfort. It was clear to staff, because they knew her well and could refer to ABC charts, communication plans, the positive support plan and detailed diary notes that this behaviour was meaningful communication. In consultation with the physiotherapist a new wheelchair and shower chair was purchased. Staff said the person now looks more comfortable and is much happier and engaged with people. This person was unable to express their concerns or whether they were in pain but due to the positive response of the staff, this person's life had improved. Their relative confirmed that this had been very beneficial for their loved one as the seat had initially been purchased when they were a teenager. This demonstrated how the service had liaised with other professionals (who did not always agree the need for the new equipment) had supported a person effectively. This person no longer displayed these

behaviours, the risks of skin breakdown had been greatly reduced and they were no longer reliant on pain relief.

Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly or more frequently if there were any concerns. Any concerns in relation to weight loss or gain were promptly discussed with the GP and other health professionals. It was evident the staff saw the importance of a good diet as a link to the person managing their own wellbeing.

A member of staff told us the majority of meals were homemade using fresh ingredients. A student nurse had worked closely with a member of staff in respect of one individual. This led to the staff trying a new approach using high calorific foods but not with a high sugar content. As a direct response, the person had gained weight, had an improved sleep pattern and was generally much happier and healthier. This showed that staff adapted their approach to suit the individual. All staff were aware of the approach and celebrated the success of the support that was in place with the person gaining weight and their health condition being better managed. This again showed how the staff worked with people in a very person-centred way, which had made a real difference to the person.

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

People were supported to make choices and day to day decisions about their care. Staff understood people's rights and checked people were happy before care and support was provided. It was evident that relatives, advocates and health and social care professionals were involved and contacted for their view. This helped ensure people were making informed choices and were fully aware of any risks involved. For example, when a person expressed a wish to live closer to family in their own flat this was fully discussed with the person and those important to them. The person confirmed their involvement telling us, "it was a 'big' meeting". They told us after the meeting they had an opportunity to discuss with a member of staff that they particularly liked who was also their key worker. They said this had been positive in reducing some of their anxieties. To support this person the registered manager was providing the information in a pictorial format with timescales. It was evident that this was a positive way to support the person with any worries they might have ensuring they were very much involved in the decisions and process.

Staff were prompt on recognising when people were not happy with their care and support. One person over a period of time had clearly indicated that they were not happy living at Flaxpits House. The home had liaised with the local authority promoting this person's right to move. Behaviours escalated which included the person not eating and drinking due to unforeseen delays as this person felt they were not being listened too. Staff continued to liaise with the placing authority including submitting a DoLS. This was because due to the person's mental health they had deteriorated to the point where they no longer had capacity. Due to the team strongly advocating for the person and supporting them during this time effectively the person was supported to move to a more independent setting. Staff told us this was a very difficult time for the person. They had supported the person daily when they were admitted to hospital and during the transition to their new home. It was clear staff showed empathy throughout and continued to keep in contact with the person. This again showed how staff worked with people in a person-centred way and advocated for their rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity and, their liberty was being

restricted, the provider had submitted DoLS applications to the appropriate authorities. Staff kept a clear record of all applications submitted, the date they were authorised, when they would lapse and when CQC had been notified.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on MCA and DoLS.

Staff received the training they needed to enable them to support people effectively. Training was continually reviewed and updated when needed. Staff confirmed the training from induction to ongoing training was informative and useful. A person told us they were new to care and the whole team had been really responsive to any questions.

The physical environment was of a high standard and met people's needs. The registered manager told us they had plans to make the communal areas homelier, particularly the hallways. These had been redecorated and people were being supported to purchase pictures and hang photographs to make these areas more homely. The registered manager told us there was a refurbishment plan in place for the kitchen. They wanted this to more accessible especially for those people using a wheelchair.

People's own rooms were very personalised. There was outdoor space for people to sit and enjoy the garden. There were plans for the people to be more involved in the gardening with raised beds to help people who use a wheelchair to have better access.

Is the service caring?

Our findings

Relatives spoke highly about the staff telling us they were caring, friendly and welcoming. One relative told us this had greatly improved in the last 12 months with the new registered manager and assistant team leader now working in the home. They told us when they visited, their relative was wearing clothes that coordinated, taking great care to ensure jewellery and accessories matched. They told us there was a young staff team that created a really nice atmosphere, with laughter and people having fun.

People's independence was promoted. There was an area for a person to gain skills in living independently within a self-contained flat on the first floor. Future plans were for this to be used by two people who had been identified. This was because they got on well together and would benefit from either living in a quieter environment or gaining more skills to live independently. Another person was living on their own, with their own staff team in a self-contained annexe. Care plans included what the person could do and where they needed support. There was a commitment for people to learn new skills and have new experiences.

Staff were observed communicating with people in a number of ways. This included using Makaton (Makaton is a sign language used to support people with a learning disability to communicate) and objects of reference. This was where staff would show people items to help them make choices and photographs. People had communication boards in their bedrooms, which clearly told them what they were doing and to offer them choice. These communication aids helped them understand what they needed to do and to plan their day effectively, reducing some people's anxieties. There was a pictorial menu board by the kitchen and a staff picture board which helped ensure people knew who was on duty and who would be supporting them. In addition, people's electronic tablets helped them to express themselves. One person was using their device to help plan the weekly menu, looking up and searching for recipes. These communication systems were very individualised and unique to the person.

People were encouraged to make choices about all aspects of their care, from what they wanted to do during the day, when to get up, go to bed and what to wear. Staff described a very individualised approach to how they supported people with information to enable them to make a choice. A member of staff told us, "Depending on the person, depends on how many options we can give them. I use pictorial aids and for people who are nonverbal or I put my hands out and give them a couple of choices or put objects in front of them like food and clothing. I print out pictures and show them, particularly for X who is deaf". We observed staff offering people choices and encouraging their involvement such as planning the shopping list or preparing the evening meal.

Staff were caring, compassionate and kind in their approach to people. People looked comfortable in the presence of staff. Health and social care professionals spoke about the caring approach of staff. Comments included, "Staff interact with the service users in a positive way" and "Some staff sign very well with service users and they aim as a team to be person centred".

A new member of staff told, "The staff work really well as team and the residents keep it different every day and have really good chemistry with the staff. Relationship building has been easy with staff and people".

Staff described a team that was caring and committed to supporting people in a very individualised way. Staff told us they had a period of time during their induction to read people's care plans and work alongside more experienced staff. This enabled them to get to know people and for people to get to know them. Some people preferred familiar staff or staff of the same gender. This was clearly recorded and reflected in the rota to ensure there was an appropriate skill mix.

Throughout the inspection, there were kind and friendly interactions, which included healthy banter between people and staff. Staff knew people well and were able to communicate effectively with them. Staff actively listened to people who had some difficulties with communication and took time to find out what they wanted. There was an inclusive atmosphere.

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. Staff told us that some people liked banter whilst others liked a low arousal, quieter atmosphere.

Special occasions such as birthdays were celebrated. Staff told us people were able to plan their own birthday celebrations. The staff understood people and how on occasions these type of events could be unsettling. This was because the preferred a low arousal environment because of their autism. The registered manager said they worked with family to plan these events.

A relative told us recently they had been invited to a summer barbeque. They told us it was a really lovely experience with staff and it was a really good opportunity to meet other parents. Photographs of these events and other activities were displayed in people's bedrooms or in their care plans.

There was also a regular newsletter for people who use the service and family telling them about any changes in staffing, activities that had taken place and some useful information helping them to navigate care services including the Mental Capacity Act, benefits and safeguarding. There was also information about positive behaviour support and how to raise a complaint. This included links to web sites where they could if they wanted to find out further information.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly and went on holidays, others stayed with their parents at the weekend and others received visits to their parental home. Staff supported people with these arrangements by either providing transport or liaising with the family. Friends and family visited and were invited to stay for a meal and refreshments. A relative told us we are always offered refreshments and made to feel welcome. One person had a family tree painted on their bedroom wall with photos of relatives. Again, this aided conversation with the person.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The registered manager and staff understood the important role an advocate can have.

Is the service responsive?

Our findings

People received care and support that was extremely responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People had an individual care package based on their care and support needs. From talking with staff and the registered manager it was evident each person was seen very much as an individual and was supported that way.

Each person had dedicated hours of support during the day to enable them to take part in regular activities. People were very much engaged in doing what they wanted to do. The registered manager was able to show us how each person was supported with their hours, which ranged from 84 to eight hours per week according to how the service was commissioned. The registered manager told us even when the home was short staffed and reliant on agency and bank staff, people continued to be supported with their choice of activities. They explained that one person was previously in full time education and now at college part time. The registered manager was creative and banked some of the person's hours so they could have increased support when they were on holiday when they needed the support more.

People told us about the varied activities that were available to them such as going to clubs, swimming, shopping and sail-ability. Each person had an activity planner, which described the planned activities that people liked to take part in. In addition, regular activities were organised in the home including a music man, keep fit, animal therapy, an aromatherapist and social events such as the annual summer barbeque. People told us, this had been very enjoyable and they had been entertained by some Morris dancers with staff and people joining in.

Some people were supported to have an annual holiday and others went on holiday with their families. Regular day trips were organised including a trip to the Zoo in Paignton and Bristol, day at the races, trips to the docks, theatre and a train trip to Weymouth to name just a few. The level of activities available to people was commendable.

The registered manager told us they were continually reviewing activities to ensure they were appropriate and widen people's experiences. They had a recently commissioned a dance therapist to work with one person on an individual basis and every two months with a small group of people. They had also liaised with another company to bring in small wild animals such as reptiles. The registered manager explored all avenues to provide people with meaningful activities. Four people had been to a local nightclub in Bath, which they all seemed to enjoy. They were planning another trip to the night club. Another person was supported to attend recitals at the cathedral in Bristol and another person had been speedway racing. A relative told us, "X is always busy out with staff doing something with staff". Another relative told us, "The staff are excellent if X asks to do something or shows an interest, then they would support her to do it". It was evident it was a very busy home with people taking part in daily activities of their choice.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the

individual support they needed. They were informative and contained in-depth information to guide staff on how to support people well. These had been kept under review. Relatives confirmed they were consulted and invited to the home on a regular basis to discuss the care of their loved one.

Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of the care as the information was accessible and acted as an aid to communication. The registered manager told us people had an electronic tablet to capture their day to day activities. They said this was useful to share with family to enable them to keep up to date with what was going on. For example, a really positive experience was when a person attended a hydrotherapy pool. The person had evidently enjoyed the experience. Staff told us the person had been really engaged and it was positive because of the increased movement the person had experienced that had not been noted before. Staff told us the parents had seen the footage and were planning to go to the pool to share the experience. The registered manager had been creative with the person's individual budgets to enable them to regularly attend a private session at the hydro therapy pool because it was recognised how much the person benefited from the experience. This showed the service was responsive and creative in their approach.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the home, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. Where this had not been possible, staff knew how to support people to de-escalate the situation. Staff had attended training in supporting people that may challenge, which had assisted in them protecting people safely without being restrictive.

The registered manager told us that one person moving to another bedroom in a different part of the home had a really positive impact on another person's behaviour. This was because the individual liked to keep their bedroom door open but would often be upset if the other person walked past and disrupted them. Staff told us this had dramatically reduced the person's anxieties. Staff told us for some people it was important to recognise they needed space and withdraw for short periods until the person had calmed. For others it was important to acknowledge and respect when they refused aspects of their care or activities to minimise any further anxieties and trying later. This showed the service was responsive and creative in their approach to supporting people and finding solutions.

Staff described to us how they supported people in a very positive way using very individualised approaches. They recognised people could be vulnerable and were consistent in their approach. An example was given where a person was overly affectionate with staff when they first arrived. Staff clearly explained that hugs and kisses were for family. This was because the person had to learn appropriate boundaries as they were at risk when they went out. Staff said because of the consistent approach the person had learnt social boundaries and what was acceptable. They said they also supported a person to move from being a young person to an adult. Staff recognised that people had rights to live the life they wanted including having relationships and expressing their sexuality. Two staff had completed training in this area to enable them to support people if the need arises. In addition, they were looking to provide support to one person using a specialist counsellor/art therapist to explore their sexuality and provide bespoke training to all the staff.

People were empowered to lead the life they wanted with staff supporting them in their chosen goals. One person told us they wanted to move to supported living and had a meeting to discuss how this was going to happen. This person was proud to show us their self-contained flat, which was on the first floor of Flaxpits House. The registered manager was putting in a business plan for this area to continue to support people to

work towards more independent living once this person had moved on. They had identified two people who would benefit from living more independently. This showed the service was very responsive and creative in meeting the needs of people living at Flaxpits House, giving them opportunities to gain skills enabling them to move on to more independent settings.

There was another self-contained bungalow for one person, providing them with an open plan lounge/kitchen, bedroom and bathroom. This person had their own staff team during the day and evening and shared the night staff with the main house. This person had their own telephone line and front door affording them the privacy and their own space. This showed how the service was responsive to meeting people's individual needs.

A relative commended the service on the support and guidance they had shown towards their loved one. They told us the person had blossomed and was doing so much more. Staff told us how they supported the person to gain more independence and confidence. Staff commended the person on how they had grown as when they first arrived they were shy. This person was engaged with staff in good humoured banter and very much part of the conversation.

People were involved in the interviewing of new staff. A member of staff told us some people asked them questions using their electronic tablets to ask questions. Each person was asked if they were happy with the new staff using a thumbs up or down approach. A member of staff who had been recently interviewed told us, "It's their life and they should have a say."

At the time of our inspection, the registered manager informed us that there were no ongoing complaints. Staff told us they were confident that any concerns raised by people using the service would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

The registered manager had systems in place to promote and manage complaints. These included 'easy read' versions of the complaints process. There was a one page profile detailing how a person may tell staff if they were not happy. This was important as some people were unable to verbally communicate if they were not happy with some aspects of their care and support arrangements. Staff understood the importance of monitoring a person's wellbeing and non-verbal communication to ensure they were happy with the service.

People living at Flaxpits were young adults. End of life wishes had not been explored with them. However, the registered manager said this was going to be addressed with the person and their families.

Is the service well-led?

Our findings

The registered manager demonstrated effective management and leadership skills within their role. Their passion, knowledge and enthusiasm of the service and the people in their care was evident. They were proud of the team, their flexibility and support they gave to people. They led by example and encouraged the team to share their vision. The team were very much part of the improvements and were supported to raise suggestions.

The registered manager told us the philosophy of the service was to help young adults with learning disabilities to move onto more independent living. They were planning to build links with the local colleges for potential referrals in respect of any future vacancies. All staff were committed to encouraging people to lead the life they wanted, giving them the control on how they wanted to do this.

The registered manager had previously worked at Flaxpits House as an assistant team leader stepping into the role of registered manager in September 2018. This was because the previous registered manager had been seconded to a temporary clinical role based at the provider's head office for a period of six months. They had worked for the Trust previously for many years as a registered manager. They had worked at Flaxpits for the past 12 months.

From talking with staff and the registered manager it was evident they were committed to providing care that was tailored to the person, recognising that each person was unique. We found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice had been embedded into the culture of the home. These values were clearly shared by the team and were reflected in people's support plans and in the high standards of care and support that people received. Staff commended the registered manager on her 'can do approach' and her support in protecting people's rights.

Other comments from staff included, "Really great working here. Especially X (name of manager), she's really efficient, on top of everything, and takes everything serious", "It's a brilliant place to work, the team are really committed to supporting people to live the life they want", "The registered manager knows her stuff, speaks out for people promoting their rights" and "I work bank and I won't work anywhere else it is a good home". Relatives confirmed they knew who the senior management team were and found them approachable.

The registered manager along with the team had made a number of improvements to the service. It was evident it was a team approach. People had embraced new technology with their electronic tablets helping them to express what they wanted and enabled them to share with family what they had been doing. Systems had been reviewed in respect of medication so that it was more person centred with medication being kept in people's bedrooms. The registered manager told us they were proud of the system which had effectively reduced medication errors.

They had engaged with a local voluntary group to make improvements to the garden area making it more accessible to the people living at Flaxpits House who use a wheelchair. There had been numerous examples where the registered manager and the team had responded to people, improving their quality of life.

Improvements were made in a holistic way, considering diet, suitable equipment and living arrangements. There was recognition that one fit did not suit everyone, with care tailored to the person. The registered manager had worked incredibly hard in making these changes and supporting the team. The team were aware of these changes and very much a part of embedding these into practice.

A relative told us the service had improved in the last 12 months. They told us there had been a big turnover of staff and they had not always been happy with the way their loved one was being supported. However, under the new management they had seen the service turn around with staff that were happy to work there and committed to providing a warm inviting home. They said they cannot fault the service.

The registered manager told us the recruitment of staff had been very difficult. The service improvement plan stated that there were eight full time vacant posts. The registered manager told us they had recently recruited three staff. They were a priority service in respect of recruitment and the resources manager was helping them to recruit. The registered manager told us they now had a core group of four bank staff and named agency staff to ensure continuity for people. Staff told us they supported and inducted agency staff so they knew exactly what was expected of them and helped them to get to know people. They said by introducing these improvements, bank and agency staff wanted to return to Flaxpits House, as it was now known as a good place to work. This was confirmed with one of the staff who had previously worked as an agency stating, "I love working here, it is all about the people we support. It is a busy house but rewarding".

The registered manager completed a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the provider to have an overview of the service and any risks so these could be jointly managed. The registered manager and the team had been awarded a certificate for completing all the quality monitoring with a score of a 100% return. The registered manager had also been rewarded by the Trust for an 'Innovator award' this year and another member of staff was runner up for their creativity. The team was also runner up the year before for going the extra mile. This was because of the support they had provided to a person prior to them moving on to a new placement. The service supports student nurses and feedback from the tutor was complimentary stating, "X (name of registered manager) impressed with your energy and enthusiasm. Another social care professional stated, "The enthusiasm and passion to deliver a high quality service that empowers the service user is commendable". This was what we found not only from the registered manager but members of the team we spoke with. Staff celebrated the successes of the people using the service. They were proud of the staff that helped people to achieve their aspirations and goals, which had a positive impact on people's wellbeing.

The registered manager received supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home. They also met up with other registered managers monthly, which enabled them to keep up to date with any organisational changes and to share good practice. The provider also sent out a monthly team brief, which was shared with all the staff. Copies of the minutes of these meetings and the team brief were made available to staff.

The registered manager carried out checks on the home to assess the quality of service people experienced. The home was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls, action plans had been developed. These were shared with the area manager who followed these up at subsequent visits.

There was a service improvement plan for the forthcoming year, which included the environment,

medication management, training and recruitment to the vacant posts. The registered manager and staff told us that during handovers (Monday to Friday) there was a 15 minute slot to discuss specific information such as best interest decisions, communication tools, safeguarding or a person's care in depth. The subjects were recorded on the handover record. Staff said these were useful especially if they had not been part of a best interest meeting they were informed of the decision process and the outcome. This ensured staff were keeping up to date and was a means to check their knowledge and understanding.

Staff spoke positively about a recent team building day where the staff looked at their strengths, weakness and areas they wished to develop as a team. An external facilitator assisted with the day using a model called Team Foundation which focused on a person-centred approach to care. The team had developed a pictorial map of where they wanted to be and how they would get there. This was displayed in the office. There was an emphasis on developing the team and providing person centred care that was tailored to each person living at Flaxpits House. The team rated the day five out of five. The registered manager said this was very useful in bringing a team together. Especially where there were lots of new staff. They told us the purpose of the day was expand the team's awareness and strengthen a person-centred culture to ensure the service remains caring and well lead.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

There was a new electronic recording system which alerted the registered manager, the area manager and the health and safety manager of any accidents or incidents that had happened. This meant they could follow up promptly where required. The electronic system also enabled the registered manager to record any action and investigation. There was a section to record who else had been informed such as the Care Quality Commission, the local authority safeguarding team or the person's representative in line with their duty of candour. This enabled the Trust's senior management team to have an oversight of the actions taken.