Community Homes of Intensive Care and Education Limited

Fountain View

Inspection report

Upham Street
Lower Upham
Southampton
Hampshire
SO32 1JD

Tel: 01489860926
Website: www.choicecaregroup.com

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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?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

People in care homes receive accommodation and their care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. Fountain View provides care for up to six adults with a learning disability and mental health needs, sometimes accompanied by complex needs and behaviours which might challenge others. At the time of our inspection, there were five people living at the service.

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

This was the first comprehensive inspection of the service under the current provider Community Homes of Intensive Care and Education Limited.

Some aspects of the care provided were 'outstanding'.

People were very much at the heart of the service. Staff and the registered manager demonstrated a real commitment to support people reach their potential through the provision of person centred care.

The support provided was achieving positive outcomes for people and staff spoke with pride about what people had achieved.

People with complex needs and behaviours were supported in a person centred way and in the least restrictive manner.

People were encouraged to live their life as any other citizen and their choices, independence and inclusion were encouraged. The service had established itself in the local community which helped avoid the risk of discrimination and promoted acceptance and understanding.

People were living active and meaningful lives and were given opportunities to expand their horizons, to get involved in new activities and to live as full a life as possible.

The service was very well led. People, their relatives and staff were extremely positive about the registered manager and their leadership of the service describing them as "Forward thinking" and "Exceptional".

The registered manager had fostered a very positive culture within the home and demonstrated a real passion and commitment to their role and it was evident that people were at the heart of the service.

There were a range of robust management systems and processes in place to support the registered manager to perform her role effectively and they were exceptionally well organised and proactive at making changes if this improved the service people received.

There was a clear focus on staff using proactive interventions and encouraging people to use self-help strategies to help avoid the need for physical interventions or use of PRN medicines. This approach was helping to achieve the positive outcomes for people.

Other areas were 'good'

Staff understood how to recognise and respond to abuse and had a good understanding of risks to people's health and wellbeing. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

Safe recruitment practices were followed and there were sufficient numbers of experienced staff to meet people's needs and to support them to undertake a range of activities.

Medicines were managed safely.

The home was clean and policies and procedures were in place to protect people by the prevention and control of infections.

Overall the premises were of a suitable design and layout to meet people's needs.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were embedded within the service.

Overall staff received an effective induction, training and ongoing development.

Staff supported people with their dietary needs.

There were systems in place to support effective joint working with other professionals and agencies and to ensure that people's healthcare needs were met.

Staff were passionate about supporting people and helping them to have the best possible day and experiences.

Staff understood the importance of supporting people to maintain and develop positive relationships with their families and with those with whom they lived.

People's individuality and choices were respected and staff consistently supported people in a way that maintained their independence. People were cared for with dignity and respect.

There were systems in place to assess and monitor the quality and safety of the service and these were an integral part of the way in which the registered manager and provider identified shortfalls and promoted learning and innovation within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had clear guidance about what they must do if they suspected abuse was taking place.

People's medicines were managed safely.

Staff had a good understanding of the risks associated with people's care and how to support them to maintain good health and to stay as safe as possible.

There were sufficient numbers of staff deployed to meet people's needs and relevant checks were completed before staff were employed.

Accidents and incidents had mostly been investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence.

The home was clean and free from odours and policies and procedures were in place to protect people through effectively preventing and controlling the risk of infections.

Is the service effective?

Good

The service was effective.

Overall the premises were of a suitable design and layout to meet people's needs.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were embedded within the service.

Overall staff received an effective induction, training and ongoing development.

Staff supported people with their dietary needs.

There were systems in place to support effective joint working

with other professionals and agencies and to ensure that people's healthcare needs were met.

Is the service caring?

Good

Staff were passionate about supporting people and helping them to have the best possible experiences.

Staff understood the importance of supporting people to maintain and develop positive relationships with their families and with those with whom they lived.

People's individuality and choices were respected and staff consistently supported people in a way that maintained their independence.

People were cared for with dignity and respect.

Is the service responsive?

Outstanding

The service was very responsive.

People were very much at the heart of the service and staff and the registered manager demonstrated a real commitment to help people reach their potential through the provision of person centred care.

The support provided was achieving positive outcomes for people and staff spoke with pride about what people had achieved.

People with complex needs and behaviours were supported in a person centred way and in the least restrictive manner.

People were encouraged to live their life as any other citizen and their choices, independence and inclusion were encouraged. The service had established itself in the local community which helped avoid the risk of discrimination and promoted acceptance and understanding.

People were living active and meaningful lives and were given opportunities to expand their horizons, to get involved in new activities and to live as full a life as possible.

Is the service well-led?

Outstanding

The service was very well led.

People, their relatives and staff were extremely positive about the registered manager and their leadership of the service describing them as "Forward thinking" and "Exceptional".

The registered manager had fostered a very positive culture within the home and demonstrated a real passion and commitment to their role and it was evident that people were at the heart of the service.

There were a range of robust management systems and processes in place to support the registered manager to perform her role effectively and they were exceptionally well organised and proactive at making changes if this improved the service people received.

There was a clear focus on staff using proactive interventions and encouraging people to use self-help strategies to help avoid the need for physical interventions or use of PRN medicines. This approach was helping to achieve the positive outcomes for people.

There were systems in place to assess and monitor the quality and safety of the service and these were an integral part of the way in which the registered manager and provider identified shortfalls and promoted learning and innovation within the service.

Fountain View

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 13 and 16 March 2018 and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. 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, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with three of the people living at Fountain View and also spent time observing interactions between people and the staff supporting them. We spoke with the registered manager, deputy manager, assistant regional director and four support workers. We reviewed two people's care records, staff training records, recruitment files for four staff and other records relating to the management of the home such as audits, rotas and meeting minutes. Following our visit we spoke with four relatives and obtained feedback from three health and social care professionals about the quality of care provided.

This was the first comprehensive inspection of this service under the provider of Community Homes of Intensive Care and Education Limited.

Good

Is the service safe?

Our findings

People told us they felt safe living at Fountain View and this view was shared by all of the relatives we spoke with, with one relative saying, "Yes [family member] is safe, I don't have to worry about him as I know everything is in order…. he is 100% and more safe".

The provider had appropriate policies and procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. Staff were confident that the leadership team would act on any concerns they might have about a person's safety. People who used the service were provided with the opportunity to undertake training designed to help them recognise when they might be at risk of abuse or bullying.

People's medicines were managed safely. Medicines were only administered to people by staff who had been trained to do this and who had been assessed as competent to do so. Medicines were kept safely in locked cabinets. The temperature of the cabinets was monitored daily to ensure the medicines were being stored within recommended temperatures. We reviewed two people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines and had been fully completed with no gaps. We observed staff administering medicines to one person. This was managed safely and in the person's preferred manner. Where people needed 'as required' or PRN medicines, person centred protocols were in place giving staff guidance about why and when the medicine should be offered.

Staff had a good understanding of the risks associated with people's care and how to support them to maintain good health and to stay as safe as possible. People had risk assessments in relation to areas such as managing their finances, nutrition, choking and self-harm. Risk management plans were in place to mitigate the risks in the least restrictive way possible. For example, one person was living with epilepsy and needed to be monitored whilst bathing, to ensure this was not done in an overly restrictive manner, staff stayed outside the bathroom door, but remained aware of the person's safety at all times. Listening devices were used to monitor another person at risk of seizures during the night. Staff were using a step by step approach to support another person to develop their confidence with accessing the community. We were able to see records which showed that the potential risks involved in this had been carefully assessed. Where restrictions were in place, these were appropriate in order to keep people safe. For example, knives and cleaning chemicals were kept locked away.

Some of people within the service could at times express themselves through displaying behaviours which could challenge others. This could include physical or verbal aggression towards others or towards objects. Where this was the case people had positive behavioural support plans which had been developed with the input of the provider's psychology team. Plans included a description of the potential behaviours, the possible triggers, justification for intervention, and the agreed techniques to be used. Since our last inspection, the registered manager and support team had continued to embed a person centred approach to people's care which meant that the use of restraint and physical interventions had not been required at the service for some time. Instead staff had developed skills at anticipating and de-escalating behaviours or

situations that might lead to aggression or self-harm. Should physical interventions or restraints be required, staff were suitably trained and used a nationally accredited approach. We were confident that these would only be used as a last resort to keep people or others safe.

Environmental risks were managed. Regular checks were undertaken of the fire safety within the service and fire drills took place periodically. A recent fire risk assessment had taken place, but the report was not yet available for this. Following changes to the flooring in the home, new fire doors were required throughout. These are to be installed in April 2018. People had personal emergency evacuation plans (PEEPS) which detailed the assistance they would require for safe evacuation of their home. One of these did not fully reflect the known risks and challenges to an effective evacuation for the person. The registered manager arranged for this to be updated straight away. A business continuity plan was in place which set out how the needs of people would be met in the event of the building becoming uninhabitable or an emergency such as a fire or flood or loss of power. Weekly checks were made to ensure that electrical appliances were safe to use and of the water temperatures. Window restrictors were also checked weekly to ensure they were in good working order. Checks were made to ensure that people were protected against the risks associated with legionella.

There were sufficient numbers of staff on duty to meet people's needs. The planned staffing levels were based upon people's assessed needs and had remained static since our last inspection. Each day shift had two staff working long days (12 hours) and two staff member working shorter eight hour shifts, one on an early shift and one on a late. There were usually two waking staff on at night, although occasionally this might reduce to one waking and one sleeping staff member due to sickness for example. Our observations and feedback from people, their relatives and staff indicated that there continued to be sufficient numbers of staff. Staff were able to spend time with people, supporting them in an unhurried and person centred manner and people were able people to take part in a range of activities both within the home and the community.

Relevant checks were completed before staff were employed. Each staff member had provided an application form, a full employment history and proof of identity and attended a competency based interview to check their suitability and competency for the role. Satisfactory references from previous employers had also been obtained. Disclosure and Barring Service (DBS) checks had been completed. DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions.

Accidents and incidents had mostly been investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. For example, we saw that following a medicines error, the support worker had repeated their medicines training and been reassessed as competent. Each month, the registered manager completed an analysis of the incidents which had occurred within the home to check for any themes or trends that might need further action or additional monitoring to be put in place such as falls charts. These were shared with the provider which helped to ensure that they too had an oversight of risks or concerns within each service. We were not, however, confident that one incident of unexplained bruising had been reviewed robustly and it had not been escalated to the local safeguarding team which is best practice for incidents of unexplained bruising. Since the inspection, the registered manager has taken prompt action to ensure that multi agency systems and processes have been established to ensure that any future incidents of a similar nature are fully investigated and preventative actions taken.

The home was clean and free from odours and policies and procedures were in place to protect people through effectively preventing and controlling the risk of infections. Monthly audits were undertaken of the

cleanliness of the home and an annual infection control statement was in place. Staff supported people to clean their own rooms and schedules were in place for this. Appropriate food hygiene records were being maintained.

Good

Is the service effective?

Our findings

People told us they were very happy living at Fountain View and were supported well by the staff. This view was echoed by their relatives with one telling us, "I am totally confident in every aspect of his care…I can't think of anything they could do better". Another relative told us their family member had "Come on leaps and bounds" and "Were much happier and settled that they had been for some time".

Before people started to use the service a comprehensive assessment took place to ensure the service was able to meet the person's needs. Following this, there was a carefully planned period of transition. For example, in the case of one person, staff visited the hospital unit they were staying in twice a week for three months. The person then also made several visits to the home to meet the other people living there and to enable the staff team to get to know them a little. The transition was very gradual, with the person then coming for an overnight stay. This all helped to ensure that staff could reach robust judgements about the person's compatibility with the people already using the service and their suitability for the service.

The initial assessment was used as a basis for more comprehensive support plans. Each person had a support plan, a positive behaviour support plan and risk assessments. They also had a health plan which included information about how their physical health needs were being met. People's support plans were currently being transferred to a new format but those seen were person centred and contained information about the support people needed with areas such as personal care, eating and drinking and with domestic tasks or leisure opportunities.

The provider did not own the premises which were rented from a private landlord. They were however, responsible for majority of repairs, internal decor and the general upkeep of the building. In general the environment was suited to people's needs. Each person had a single room which reflected their individual tastes and choices. One room was ensuite; the remaining rooms had a wash basin. There were a number of shared bathrooms and toilets. We noted that in one person's room, there was damage to the ceiling which had required a stabilising pillar to be installed. This had been in place since January 2018. Work to repair this was now underway and due to be completed within a week. There was a comfortable lounge combined with a dining area and a smaller adjoining area equipped with a computer, Other than this there were limited areas where people could spend time alone, or have visits from their friends and family, other than in their rooms. There were lots of photographs displayed around the home of people enjoying themselves. The kitchen was large and well equipped. One area of worktop had been lowered to enable a person to be involved in preparing their meals and drinks from a seated position. There was a large secure garden with raised beds and a BBQ area. A continuous improvement plan was in place to develop and enhance the environment, for example there were plans to replace the flooring in the bathrooms which we noted was quite worn in places. We have also made a recommendation that the provider look at whether one person with limited mobility might benefit from level access to the home.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were embedded within the service. The MCA 2005 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. Where people were able to give consent, this had been sought and we saw a number of signed consent forms for areas such as medicines and agreeing to the house rules. To check whether people were able to make more complex decisions about their care, staff had, when required, completed and documented mental capacity assessments in relation to day to day decisions such as understanding money, understanding the need for certain restrictions such as the locked knife drawer and the use of listening devices at night.

People who lack mental 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 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where potentially restrictive care practices were in place, relevant authorisations had been obtained or were waiting assessment.

Procedures were in place to ensure that new staff received an induction into the service and to the needs of the people they would be supporting. The induction was comprehensive and also involved learning about the values of the organisation and signing up to the provider's 'rules' which included guidance about how staff should conduct themselves whilst working for the organisation. This helped to ensure that staff knew people well and were confident, safe and competent in their role. Where appropriate new staff were supported to complete the care certificate. The care certificate sets out the competencies and standards of care that support workers are expected to demonstrate.

Staff were positive about the training available and told us it helped them to perform their role effectively. The training provided was a mixture of face to face training and DVD's. Face to face training was provided in a number of subjects such as; administering medicines, fire, first aid, positive behaviour support and in the use of physical interventions. DVD training was undertaken in additional subjects such safeguarding, equality and diversity, food safety, health and safety and infection control. We did note that staff did not currently undertake training in mental health conditions despite a number of the people using the service having a diagnosis of a range of mental health disorders. We recommend that the provider review the training offered to ensure it fully meets the needs of people using the service.

Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which was useful in measuring their own development and identifying additional training needs.

Staff supported people with their dietary needs. People were encouraged to exercise genuine choice about what they ate and drank and to get involved in preparing their own meals. Each week, people met to plan their meals for the coming week with one person choosing the meal option each day using a variety of tools such as photos, the internet or magazines. Following this a shopping list was put together and people were supported to shop for the ingredients required. Meal times were flexible and could be adjusted according to what activities people were doing. Some meals were eaten as a group and we were told could be quite a social occasion. We observed part of the lunch time meal on the first day of our inspection. The food, homemade soup, met people's dietary requirements and staff were seen to support people in a safe and person centred manner. Staff encouraged people to maintain a healthy diet and good nutrition. There were plenty of fresh vegetables and fruit available and people were seen to eat this. Staff were supporting one person to lose weight. The person had been involved in drawing up dietary guidelines that would help achieve this and they had over a short period of time lost a significant amount of weight which had

improved their self-esteem and confidence. The person told us, "I choose one of the meals each week and can have snacks but in moderation, I have an ideal weight goal, then I will have more energy".

People, their relatives and healthcare professionals told us people were supported to maintain good health. For example, a relative told us, "Staff notice every little thing and recognise if [the person] is feeling low and get the doctor". A health care professional told us, "[Staff] take the time to get to know the service user well and engage well with the health team". There was evidence that staff also referred people to a range of other healthcare professionals such as GP's, dentists and opticians. Staff told us how they had worked with one person's GP to review and adjust their medicines. This had had had a positive impact on the person's physical and mental wellbeing. People had annual health checks and medicines reviews and routine screening. Each person had a health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. Staff also worked collaboratively with a range of other health and social care professionals to meet people's needs. For example the provider had its own positive behavioural support team which consisted of psychologists and behaviour practitioners. Where necessary referrals were also made to the local NHS and local authority learning disability services for intensive or crisis support.

Good

Is the service caring?

Our findings

People and their relatives told us, staff were kind, caring and supportive. For example, one person told us, "They [staff are all kind and caring, we get on well". One support worker told us, "The staff are definitely kind and caring, I would be the first to say if not". A health care professional told us, the staff team showed, "Compassion and support throughout all observations I observed. Always responding to [people's] needs.

Staff knew what was important to people and what they should be mindful of when providing their support. We saw staff interacting with people in a caring and good humoured manner. For example, we saw a support worker dancing with one person who was clearly enjoying this. People were laughing at another support worker who was asking them to judge 'who was cuter' them or the ornament of a cat. Throughout the inspection, all of the staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy. A relative told us staff were, "Jolly, not always conventional, have personalities, they are engaging and charming and seem very fond of [the person].

All of the staff we spoke with talked of their passion for supporting people and helping them to have the best possible day and experiences. For example, one staff member said, "Everyone works for the sake of these guys…they have a very busy life". Staff had built strong relationships with the people they supported. For example, a support worker said, "The guys are a pleasure to work with, they're lovely, sometimes you think, who is supporting who" and another said, "The minute I walked in, it was home, I knew I wanted to work here, the approach was good, we are family but with appropriate boundaries".

Staff understood the importance of supporting people to maintain and develop positive relationships with those with whom they lived. For example, we observed that where necessary staff maintained clear boundaries in an attempt to avert behaviours which might challenge or to try and promote a harmonious living environment. People were asked not to swear and to say thank you to their peers if they had assisted them. This was done in a kind manner. One person told us, "We all get on together, I like [person] we have parties". A relative also commented on how nice it was that people cared about each other. They told us staff had got this "Just right".

The relatives we spoke with all very much felt part of their family members life at the service and welcome at the home. They told us how they were invited to BBQ's and other events or just to spend time with their family member. Following one such event a family member had written to the registered manager saying, 'Dear [registered manager] and your lovely bonkers gang! Thank you so much for a really happy BBQ party. It was thoroughly enjoyed by all'. A number of relatives and professionals commented on the homely and welcoming atmosphere at the home. One relative said, It's a family home….they ask me about myself too". Another relative told us Fountain View was, "A very comfortable place to visit, there's always a nice feeling" and a third told us how their family was always, "Eager to get 'home' to Fountain View". During the inspection, a visiting health care professional also complimented the service on the positive atmosphere, leaving a compliment which read, 'A warm, welcoming environment, great atmosphere, client appeared happy and relaxed".

It was clear that people's individuality and choices were respected in areas such as clothing, hairstyles and in the activities they took part in or the food they ate. For example, the registered manager told us about supporting one person to have their hair dyed pillar box red in line with their wishes. Another person was not able to verbally communicate their choices or emotions so staff had tried a range of alternative methods to try and assist them. Whilst many of these had not been successful, the person was now able to communicate simple choices to staff using basic sign language, hand gestures, pictures and symbols. Some of the other people using the service had also learnt to use basic signing to communicate with this person. This helped to promote the person's inclusion within the home and with the people that lived there.

Staff consistently supported people in a way that maintained their independence. For example, we observed that people were encouraged to get involved in daily chores such as preparing elements of their meals or tidying their room. People brought their own meal to the table and cleared away afterwards. During a medicines round we observed that people were encouraged to apply their own topical creams. Two people were signing their medicines administration record alongside the support worker; this was with a view to assessing whether they would ultimately be able to safely self-administer their medicines. One person was not able to read and write, but wanted to be able to sign for their medicines like some of their peers were doing, so staff had made them a sheet where they could enter a cross every time they received their medicines.

People were cared for with dignity and respect. Staff spoke with, and about, people in a respectful manner and people's support plans were written in a manner that was respectful of people's individuality. Although some people were supported on a one to one basis for some or all of the day, we saw that this was delivered in a manner that was mindful of the person's need for privacy and for some personal space. People were not discouraged from expressing their sexuality or from having personal relationships but were provided with information on sex education and sexual health in a manner that they could understand so that they were able to engage in these relationships in a trusting and safe way.

Information about advocacy services was available and where necessary people were visited by independent advocates or formal representatives, which helped to ensure that their rights were protected and their views and wishes heard.

Outstanding ☆

Is the service responsive?

Our findings

People were very much at the heart of the service and staff and the registered manager demonstrated a real commitment to help people reach their potential through the provision of person centred care. This was demonstrated by one person who told us, "The people and the staff here are all here to support you, they help me with getting out of bed early which means I have a better day…everyone wants the best for me". Relatives also told us that staff were driven by the desire to help their family member achieve as much as they could. For example, one relative said, "I'm very pleased, we had a review recently, they [staff] all showed a genuine interest in trying to help [family member]".

During the inspection we were told about many examples of how the support being provided was achieving positive outcomes for people. For example, staff were supporting one person to achieve their potential with daily living tasks such as personal care and shaving. For some time, the person had required full support with all washing and dressing, they were now able to run their own bath, wash their own hair and brush their own teeth, they proudly called this their 'big lads bath'. They were also now able to manage their own 'big lads shave', a wet shave with a razor. They showed us their new razor that they were very proud of.

Another person's goal was to begin accessing the community independently. This was being approached using a carefully planned step by step approach. In addition one of the provider's behaviour practitioners had used pictures to help them understand what they should and should not do in the community. For example, they were being encouraged to understand that it was good to say thank you and to hold doors open for people, but that it was not ok to shout, steal or to take things from strangers. The person had been fully involved in developing these guidelines for their independent community access. The person told us, "I went to Asda on my own for 15 minutes, in the summer maybe I will be able to walk to the pub on my own, I know people there well".

Each person's goals, whether they were big or small, were given the same level of importance and it clear that they and the staff team were proud when these were achieved. One staff member said, "All staff are willing to go the extra mile, do that extra bit for them". An example of staff going the extra mile was the way in which the whole staff team had over Christmas supported a person who was in crisis due to their deteriorating mental health. Staff closely monitored and supported the person and were constantly trying to seek new ways of working with them in order to allay their anxieties and help prevent them having to go back into hospital as they knew this was not what the person wanted. To help the other people using the service understand what was happening, staff used social stories to explain why the person was unwell. Throughout this period, staff worked closely with a range of professionals to try and meet the person's needs and experienced staff helped mentor the less experienced staff. The registered manager told us they were very proud that even in the most difficult situations, staff did not resort to using physical interventions with the person at any time. Instead staff worked additional hours, even through the night to support the person as this was a time where they were often most vulnerable. Although it was not possible to prevent an admission to hospital, following this, Fountain View staff visited the person to continue to provide support and some consistency of care. One of the mental health professionals involved had written to praise the staff team for 'going above and beyond' and they told us staff had been "Very person centred when

supporting the service user".

People had personalised support plans that contained clear guidance for staff on how best to support them. Information was available on the routines that were important to people, important relationships and their life before coming to live at the service. This collectively gave staff an important picture of the person they were supporting. People had communication passports which described how they communicated and the things staff could do to help them express their wishes. It was clear that staff knew people and their communication methods well, whether this be through words or other vocalisations that staff had become familiar with.

Staff had taken steps to provide information to people in a way in which they could understand allowing them to be as involved as possible in decisions about how their care was provided. For example, an easy read service user guide was available as were fire evacuation procedures and information on how people could report concerns about their safety. A service user meeting had been used to support people to understand their rights in relation to how their personal information might be used by the provider. A leaflet about this had also been produced in an easy read format. These actions helped to demonstrate that the provider was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff also understood their responsibilities and each day a daily allocation sheet was used to clearly identify which staff member was in charge of the shift and who was responsible for supporting each person. Staff maintained daily notes which recorded how each person had been, what they had eaten and what activities they had been involved in. These journals were written in a person centred manner and captured how people were feeling. Records were also made of any incidents of behaviour which might challenge others and where appropriate, the number of seizures people had experienced or whether any PRN medicines had been required. A communication book was used by staff to share information effectively, such as whether people had healthcare appointments they needed to keep. There was also a daily handover which helped to ensure staff all remained informed about any changes in people's needs. This helped to ensure that staff were able to effectively monitor aspects of the care and support people received.

People had a designated keyworker who took the lead role in their care and was responsible for producing a monthly key worker report with the person. This explored a number of areas including the person's progress toward their goals. An action plan was developed in response to the meeting which identified what the person could do to achieve progress with their goals in the following month.

People their families and health and social care professionals were involved in formal reviews. The reviews were an opportunity to celebrate what the person had achieved over the last year, but also to discuss anything that wasn't working so well. One of the reviews we saw involved an overview of the person's support and healthcare needs and resulted in some actions being agreed which we were able to see had been completed. The reviews helped to ensure that each person's support plan remained purposeful and relevant.

There was evidence that the care provided at Fountain View had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People were encouraged to live their life in the same way as any other citizen and their choices, independence and inclusion were encouraged. For example, they were encouraged to take a role in decisions about how their care was delivered and how the home was managed. People got involved in recruitment and induction of new staff. One person liked to greet and show round the prospective staff member around whilst another

person had devised some questions for them to be asked at their interview. When new staff started, people made them a welcome card and took their photo for their identification badge. People had been involved in choosing the décor of the communal areas and of their rooms and the furniture. To represent each person's tastes, they had each chosen a cushion for the lounge that reflected their interests. For example, one person had chosen a pillow with dogs on. House rules had been developed by people, which they had all signed up to. People had lead roles and took responsibility for completing a range of checks around the house. For example, along with staff support, one person checked that all of the knives were accounted for each day and another person checked the emergency lighting. This encouraged people to take responsibility for their home but also helped to ensure they were consulted, empowered and able to influence the way in which their care was delivered.

The service had established itself in the local community. The registered manager told us people and staff had really good relationships with their neighbours. The local church shared a hamper with people at each harvest festival and at Christmas. One of the people living at Fountain view ran a stall at the local summer fete and staff and there were plans for the regulars at the local pub were visiting to share coffee and cake. Developing relationships with their local community in this manner had helped avoid the risk of discrimination and to promote acceptance and understanding. Despite being located in a rural setting, people were able to maintain easy access to health services and to leisure and work opportunities. People had the use of two cars, one of which was a nine seater. The location was also served by an hourly bus service, six days a week, into the larger towns of Winchester and Fareham avoiding the risk of isolation.

People were living active and meaningful lives and were given chances to expand their horizons, to get involved in new activities and to live a full a life as possible. Each week people and their support workers met together to plan the activities they would like to do the following week. These were a combination of social and leisure activities but also domestic chores such as cooking, shopping and cleaning. Many of the activities whilst of a social nature had a secondary purpose. For example, whilst shopping, people were being supported to learn about managing their money but were also having opportunities to develop their confidence at independently accessing the community. Four people were currently taking part in a six week fishing course which they were very positive about. During the inspection, one person and their support worker had won an award at the fishing activity for being the 'best fishing pair of the week'. They were both very proud of this. Another person went to a creative dance group aimed at improving their physical and mental health. Many of the activities involved people getting active such as swimming, football, cricket and badminton. One person loved football and had a season ticket for the local football team. Some people had expressed a wish to go to church and this was also facilitated. When necessary additional staff were put on duty to support people to attend a variety of social clubs where they could take part in dance, indoor sports, quizzes, crafts and catering demonstrations. To help reduce the risk of people becoming isolated, the provider operated a 'Smile Scheme'. It was led by the psychology team and its focus was on supporting people to make new friends across the group.

Special occasions were celebrated and people's families were invited to take part in these too. A Halloween party had been held which people had dressed up for. The provider organised a 'Choices has got Talent' event. One person had entered this last year and performed a dance which we were told had helped improved their confidence and self-esteem. The registered manager told us, "They were very nervous, but we encouraged them to believe they were capable of doing anything they wanted". The person told us they had enjoyed the event and were thinking about entering the competition again this year although they were not certain which type of act they would perform yet. Each year the provider also gave the home money to buy flowers to enter a gardening competition. The deputy manager told us that each person had got involved, choosing flowers and painting a mural which they had taken great pride in. During our inspection, the provider had organised a regional event for people, their relatives and professionals, one of the people

from Fountain View ran, with staff support a stall at this. The event raised nearly £250 for charity. People were supported to go on holidays of their choice, for example, staff had supported a group to go to Butlin's. One of the relatives we spoke with felt that their family member would benefit from more chances to seek out work or educational opportunities and felt this was an area where more work could be done. We are confident that the registered manager will act on this and work with the person and their family to achieve this.

All of the relatives we spoke with were confident that they could approach the registered manager with any concerns and that these would be dealt with. The registered manager used complaints or concerns to understand how they could improve or where they were doing well. There had been one complaint within the last 12 months. This had been investigated and responded to appropriately.

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives were extremely positive about the registered manager and their leadership of the service describing them as "Forward thinking" and "Exceptional". One person said, "[the registered manager] understands me, they are like a mother to me". A relative told us the registered manager had "Absolutely transformed" the home and another said they were, "Doing a wonderful job". Staff were also complimentary about the registered manager who they said was well respected, supportive, visible and a good role model. One staff member told us, "[the registered manager] knows the guys inside out, her door is always open for staff even if they are busy, you can go straight to her". We asked another staff member if the registered manager was a good leader, their response was "That's a big fact yes, she thinks of the guys, they are her first priority, she always has time for them, she is a big softie". A health care professional told us the management team were "Motivated and supportive".

The registered manager had a clear vision for the service which was underpinned by the organisations values which included being committed and passionate, working with integrity, treating people with dignity and respect and striving for excellence. Our inspection and the feedback we have received since, has indicated that the registered manager works in a manner that is in keeping with these values. For example, the registered manager had fostered a very positive culture within the home and demonstrated a real passion and commitment to their role and it was evident that people were at the heart of the service.

We observed a strong working relationship between the registered manager and staff. The staff we spoke with felt well supported by the registered manager and told us that morale and team work was good. They were proud to be working at the service and wanted to perform well for the registered manager but also to ensure people had the best lives possible. The registered manager was also proud of their staff team, telling us, "My staff are brilliant". They told us that when they first took over the service, they had needed to replace a number of staff as they did not share her vision. They now felt that the staff team had a good mix of skills and individuality that had a positive impact on people using the service.

There were clear lines of responsibility and accountability within the service. The registered manager understood her responsibilities and followed procedures for reporting any significant events which occurred within the service to CQC. There were a range of robust management systems and processes in place to support the registered manager to perform her role effectively and they were exceptionally well organised and proactive at making changes if this improved the service people received. Throughout the inspection, any recommendations we made were acted upon promptly, showing a commitment to quality and to ensuring that people were receiving the best care possible. A health care professional told us, the registered manager was "Always open to advice and implementing recommendations".

House meetings with people were held and were an opportunity for people to be involved in decisions about a range of areas including the food and activities. The importance of respecting one another had also recently been discussed at a meeting. At staff meetings, support workers were reminded of the importance of motivating people and encouraging their independence and choices. The leadership team had a clear focus on the benefits for people of staff using proactive interventions and encouraging people to use self-

help strategies to help avoid the need for physical interventions or use of PRN medicines. This approach was helping to achieve the positive outcomes for people which have been described elsewhere in this report. The leadership team also had a clear focus on learning and using information from incidents, investigations, comments and concerns to drive improvements. For example, each staff meeting had a 'what's working and what's not' session which allowed staff an opportunity to make suggestions about what might be done better or differently. One staff member told us, "All our suggestions are valued". They told us they had suggested that people's bed linen be ironed. This was now being done and made people's rooms look better. Another staff member told us, "[the registered manager] will always act and if she can't will give you a good reason why".

The provider had systems in place to gather the views of people, their relatives and staff about the care provided and were using this to drive improvements. Surveys had been undertaken in July 2017 and the feedback was largely positive with people saying they felt safe, listened to and happy with their quality of life. Feedback about the registered manager and deputy manager was also very positive, for example, one comment read, '[the registered manager] and her team are excellent, always making sure all the men are happy and occupied, nothing is too much trouble!' Where areas for improvement had been noted, these had been incorporated into a development plan against which progress was being monitored. One of the areas for improvement was to recruit to staff vacancies. To address this, the registered manager had taken the initiative for place adverts in local shops and on social media. Following this there had been some success with recruitment, although this was an ongoing challenge.

Both the registered manager and assistant regional director told us they wanted staff to know how much they were valued. One way in which they demonstrated this was through the employee of the month award. Employees could be nominated by their peers for 'going above and beyond' or 'arranging something special for someone'. The winner won a £30.00 voucher and would be presented with this by the regional director. Where staff had gone the extra mile during the recent snow with some staff sleeping over in order to ensure they could be at work the next day, they had been sent a letter of thanks for their commitment. One of the staff involved told us, "We care for these guys, we wouldn't abandon them".

The provider had a clear focus on developing staff, helping them to perform to the best of their ability. To support this, the provider had an academy which delivered a staff development programme aimed at nurturing the leadership potential of staff throughout all levels within the company. The deputy manager told us this programme had been beneficial and had helped them to understand the role and responsibilities of a manager within the organisation.

There were systems in place to assess and monitor the quality and safety of the service and these were an integral part of the way in which the registered manager and provider identified shortfalls and promoted learning and innovation within the service. The registered manager regularly met with other registered managers from across the organisation to share learning and information. The provider undertook an annual unannounced inspection of the service and reported on their findings. The most recent inspection had taken place in February 2018, the outcome of which had been very positive. Staff undertook a range of audits throughout the year which included health and safety, medicines and infection control audits. Audits were completed weekly which assessed areas such as how many activities people had taken part in or how many times they had accessed the community. This helped to ensure that quality was also being defined from the perspective of people using the service. These audits also reported on whether there had been any physical interventions had been used, whether people's nutritional needs were being met and whether they had been unwell. The assistant regional director carried out monthly monitoring visits. Some, of these visits were out of hours and reviewed a number of areas including the outcomes of audits undertaken by the registered manager, quality and accuracy of care plans, medicines management and training compliance.

They also spoke with people and staff to obtain their feedback about the service being provided. People from other homes managed by the provider acted as 'expert quality auditors' and visited to carry out audits on the quality of support. Their reports were comprehensive and involved speaking with people and staff and making comments about what was working well and could perhaps be shared with other homes. This helped to ensure that quality was defined from the perspective of people using services.