

# High Quality Lifestyles Limited

## 55 Sandwich Road

### Inspection report

55 Sandwich Road  
Whitfield  
Dover  
Kent  
CT16 3LT

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Tel: 01304820803  
Website: [www.hqls.org.uk](http://www.hqls.org.uk)

### Ratings

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

# Summary of findings

## Overall summary

### Care service description

55 Sandwich Road is a residential care home for two people with learning disabilities.

### Rating at last inspection

At the last inspection on 12 October 2015, the service was rated Good.

### Rating at this inspection

At this inspection of 26 October 2017 we found the service was rated Good and was now Outstanding in Responsive.

### Why the service is rated Good.

The service was well-led. The registered manager was passionate and knowledgeable about working with people with complex needs and their vision of an excellent service where people lived their life to the full was shared by the entire staff team. At our previous inspection the registered manager had only been in post for two months. Since then they had installed within the staff team a person centred focus. People were doing things they had never done before as a result. People had lived in residential services for many years, so it was especially impressive they were learning to do new things later on in life. People were supported to cook and clean and have ownership over where they lived. Staff told us that the registered manager's passion and knowledge had inspired them to provide the best possible care.

The registered manager had implemented a range of checks and audits to ensure they had excellent oversight of the service. They had developed a new system of recording what people did each day, allowing staff to better map what people's skills were and how they could support them to do learn new things. Staff gave consistent support to people, day in and day out, giving people the time to learn new skills and the confidence to put these into practice.

Staff were kind and caring and passionate about providing the best possible support to people. Staff made sure that people had a 'good day' every day. People had been supported to build their confidence and make decisions about their lives.

Staff knew people well and gave people the support they needed to communicate. People required support to make their needs known. As such, any changes in people's support, such as their behaviour, weight or sleeping pattern was documented and staff looked at reasons why this may be occurring. This in depth analysis ensured staff knew how people were feeling and if they were happy with the service provided. Staff had picked up on subtle changes to people's mental health and they had received timely and appropriate support as a result. There had been no complaints since our last inspection.

There was detailed guidance in place for staff, which helped to ensure people received consistent support. This had led to improved outcomes for people and they were happier and more settled, and no longer

required staff to physically intervene when they became distressed or anxious. Any risks relating to people's care and support had been assessed and action had been taken to minimise the risks from occurring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose what they wanted to eat and were involved in all aspects of shopping for, preparing and serving meals.

There had been no safeguarding concerns since our last inspection, although staff told us they knew how to recognise and respond to abuse. The registered manager regularly liaised with health and social care professionals regarding people's care and support, taking advice when necessary on any issues that had occurred.

There was always enough staff to make sure people had the support they needed and to support people to activities and events. Staff told us they felt well supported by the registered manager and received regular supervisions and appraisals. They had received training in topics relating to people's individual needs, such as positive behaviour support. They told us their practice had improved as a result and they were more knowledgeable about people's healthcare needs. People led active lives and were healthy and well. They received their medicines safely.

Staff were recruited safely. The Care Quality Commission had been notified of important events within the service, as required by law.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service is now Outstanding.

People were still fully involved in all aspects of their care and support. They lead full and active lives and took part in a range of activities that they enjoyed. This had developed further and people now had more opportunities for socialising.

People had previously been isolated but were now active members of their local community. They had made friends for the first time.

Everyone was positive about the service and there had been no complaints since our last inspection.

### Is the service well-led?

Good ●

The service remains Good.

# 55 Sandwich Road

## 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 26 October 2017 and was announced. The provider was given 24 hours' notice because the service is a small care home for adults who are often out during the day; we needed to be sure that someone would be in and that people were prepared for our visit. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and three members of staff. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people living at the service. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experience of the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We received feedback from one healthcare professional.

We last inspected 55 Sandwich Road on 12 October 2015 and it was rated 'Good' overall.

## Is the service safe?

### Our findings

People indicated that they felt safe and comfortable living at the service. There were enough staff to keep people safe and to give people the support they needed. People had been assessed as requiring one to one support when they were at home and sometimes two to one support when they were out in the community. Rotas showed that there was always the correct number of staff present and staffing was flexible depending on what people wanted to do and any appointments they may have. Staff were available throughout the inspection to provide support and consistently engaged people in activities and spent time with them in a meaningful way.

Staff and the registered manager told us that people were never supported by people they did not know. If staff were unavailable, due to sickness or other reasons then members of the team covered the short fall. One member of staff told us they felt it was important people received consistent support and they were proud that people were not supported by agency staff because, they said "They do not know the guys and do not know how to interact with them."

Staff had identified the risks associated with people's care, such as their mobility, behaviours and eating and drinking. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. One person sometimes chose to roll on the floor instead of walking. Staff had assisted the person to see a variety of healthcare professionals and had been assured that this was a choice the person made, and not happening because the person was in pain or having difficulty walking. There were clear guidelines in place to minimise the risk of the person hurting themselves when rolling. Staff had informed us on our arrival that the person sometimes chose to roll and when this happened staff ensured the area was clear and that the person was safe.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger people to become distressed or anxious and staff were aware of the strategies to minimise any future occurrence. For example, one person could become distressed when returning home from an external activity. Staff had identified that this was usually because they needed to use the toilet on their return, so they always offered the person the use of the toilet when they returned from a trip out. This had reduced the instances the person became distressed and meant they now went out whenever they wanted, every day.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

People received their medicines when they needed them. Medicine records were fully completed and there

were no gaps, showing staff consistently gave people their medicines correctly. Medicines were stored safely and at the correct temperature. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. We observed staff giving people their medicines and they explained clearly to people what their medicines were for. Staff had not identified people being more independent with medicines as a potential goal, so this was an area for improvement.

Some people had medicines they required on an 'as and when basis' (PRN) for pain relief. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. There had been one medicines error since our last inspection. The registered manager had investigated this fully and used this as an opportunity to identify any gaps in the service's medicines procedure. Staff had received additional training and action had been taken to ensure that the risk of an error occurring again had been minimised.

There had been no safeguarding alerts or concerns since our last inspection. The registered manager liaised closely with people's care managers and other social care professionals to pre-empt any concerns regarding people's care and support. Safeguarding was discussed monthly at each team meeting to ensure that although there had been no concerns, staff were always thinking about potential abuse and how to avoid it. Staff told us they knew how to recognise and respond to abuse and that they were confident the registered manager would take action if they raised any safeguarding concerns.

There had been no new staff since our last inspection. The registered manager had completed an audit of all recruitment files and had identified that some contained gaps in people's work histories. These gaps had now been explained and the registered manager was confident that all staff were suitable to work with people. Each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

## Is the service effective?

### Our findings

Staff met regularly with the registered manager to reflect on their practice and discuss any issues that had happened in the service. One member of staff told us, "We have a supervision every two months and also review our training in appraisals." Another member of staff said, "If I raise something in supervision it gets done. I feel very well supported."

There had been no new staff since our last inspection; however the registered manager was in the process of recruiting a new staff member, due to start very soon. They told us that the staff member's induction would give them time to get to know people. They would also complete the Care Certificate, which is an identified set of standards that social care workers work through based on their competency.

Staff spoke positively about the training they had received and told us it had improved their practice. One member of staff said, "Training improves us and ensures we give the best quality care to service users." Staff had received training in essential topics such as safeguarding, mental capacity and first aid and specific topics relating to supporting people with learning disabilities such as positive behaviour support. Staff had also received training in areas relating to people's specific healthcare needs such as epilepsy and Parkinson's disease. One member of staff told us that this training had allowed them to understand people better and meant they could respond more appropriately to their needs. They said, "We understand what [the person] is going through and what might happen. It means staff do not just dismiss things as a behaviour."

Staff spoke knowledgeably about people's needs and put their training into practice. For example staff recognised and intervened immediately when people became anxious. They offered people reassurance and distracted them ensuring people remained calm. Staff supported people to do as much as they could for themselves, and their consistent approach had resulted in them learning new skills such as cooking and cleaning. People's epilepsy was relatively stable and well controlled by medicine but staff knew what to do if people had a seizure. Staff all spoke with confidence about how people's Parkinson's impacted on them day to day.

Staff and the registered manager worked closely with a variety of health care professionals such as occupational therapists, speech and language therapists and specialist nurses to ensure that people received the best care possible. When people's needs changed staff sought advice from appropriate sources promptly to ensure their guidance was up to date and people's care and support could be changed if needed.

Staff assisted people to attend a variety of healthcare appointments and check-ups. Some people were unable to communicate verbally but staff knew people well and arranged appointments when people's behaviour or sleeping patterns changed in case there was a medical reason why. Staff had identified that one person had been in pain and they required some dental work. They had acted quickly and the person had received the necessary support.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

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

People who 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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people and these had been authorised by the local authority.

People were supported wherever possible to make choices about their lives. They were encouraged to choose what they wanted to do each day, what they wanted to eat and drink and what they wanted to wear. When more complex decisions needed to be made the registered manager had assessed people's capacity and arranged best interest meetings when necessary.

People chose what they wanted to eat each day at weekly meetings. Staff showed us the pictures they used to help people decide what they wanted to eat and a visual menu was then displayed in the kitchen to remind people what they had chosen. People were involved in all aspects of food and drink preparation. They went shopping for ingredients and were supported to cook and prepare meals and make hot and cold drinks of their choosing. The kitchen was open and people could access it whenever they wished.

Some people required assistance to eat safely as they had choked in the past. There were clear guidelines in place to ensure that staff supported people effectively. Some people required a quieter environment to help them focus on eating their meal and the television was turned down or off at lunch or dinner. During meal times staff sat with people and assisted them when necessary. There was a calm atmosphere with staff gently encouraging and chatting to people whilst they ate.

## Is the service caring?

### Our findings

At our last inspection the service was rated good. People were well cared for and received good support. Since our last inspection the service had developed and evolved. The entire focus of the service had shifted to ensure that people with complex needs, who were unable to communicate verbally, were able to be in full control of their lives. Staff were exceptionally kind and caring and people were at the heart of everything they did. People had complex needs and were relaxed and content in the company of staff and staff knew them extremely well. Staff spoke proudly of people's achievements since our last inspection and encouraged people to be involved in our inspection.

Due to people's complex communication needs they required support to communicate and could not express their views verbally. Staff were able to interpret people's non-verbal communication and anticipate their needs to help them communicate effectively. Throughout the inspection staff recognised people's non-verbal cues such as a noise or sign to know when people wanted a drink, wanted to change activity or were becoming anxious. Staff stepped in discreetly when they needed to and kept their support low key which people responded to positively. There was always a gentle chatter from staff and consistent engagement with people so people remained relaxed.

Some people displayed behaviour that challenged and historically people had required staff to physically intervene to keep them and others safe. Staff responded consistently when people became distressed and anxious and people were calmer and there was no longer a need for any form of physical intervention. People had lived in residential services for many years and had been used to the use of physical interventions to keep them and others safe. As such the fact that this form of restraint was no longer needed, as people were calmer was particularly remarkable.

During the inspection one person began to display signs of anxiety by tapping their chest. Staff immediately informed us that this was a sign for anxiety and asked us to move to a different area of the service. The person could become anxious when meeting new people and staff had already informed us that this may happen. The person was then discreetly distracted by staff who calmly offered the opportunity to go to their bedroom and watch their favourite DVD. They emerged later, relaxed and happy, all of their anxiety forgotten.

Staff treated people with respect and valued their opinions. The registered manager recognised that due to people's complex needs it could sometimes be difficult to involve them in decision making. They told us, "It is important that people are involved in each decision and choice wherever possible. This requires staff to be patient and empathetic to continually try and engage with people." Staff told us that since our last inspection they had worked with people to build up their confidence and trust to ensure they felt comfortable in making choices between two or three different things.

At our last inspection the registered manager had only recently taken over the service and told us that although staff had always cared about people, they sometimes made decisions for them rather than with them, as people's needs were so complex. People had been use to things being done for them and decisions being made on their behalf and previously people had not decided what they wanted to eat, for example. Staff had worked extensively with people to give them choices in all aspects of their lives. At the start people

had always chosen the same foods from picture cards, as they knew that was what they liked and would be available. Staff responded consistently and now when people chose certain foods they would ask them again what they would like to eat, allowing them the choice between their initial choice and something else. This gave people the confidence to make different choices, and also ensured that staff were sure that people were making informed decisions. Staff showed us objects of reference and pictures that they regularly used to help people make decisions. One member of staff told us, "[Person] used to have to be led but now he makes his own choices."

Staff described the service as people's 'home.' People had been involved in choosing the colours for their bedrooms by looking at paint samples and had chosen all of the soft furnishings. There were pictures and noticeboards filled with pictures of the things people had recently achieved throughout the service. These included cooking their own meals and baking cakes; enjoying coffee in a café and taking park in all of their household tasks.

Visitors were always welcome at the service. Staff had supported people to meet and get to know people from another service ran by the registered manager. Relatives were kept fully informed on the progress of their loved ones and regularly sent pictures and updates on how they were progressing. Staff showed us pictures of people being visited by people living at another service run by the registered manager and they had been supported to develop a friendship. Previously people had been isolated, and these were the first friends outside of the service that people had made.

People required support to communicate and were not all able to express themselves verbally. There were detailed communication passports in place detailing people's individual signs and vocalisations and what they meant so staff knew how each person expressed themselves. The environment was designed to support people's communication and there was large picture boards displayed throughout the service to assist people with making decisions and to remind them about what was happening each day. We had sent the inspector's picture to the service before the inspection so staff could prepare people for our visit and this was displayed prominently so everyone knew we were coming. There were pictures in the kitchen showing people what was on the menu for lunch and dinner for that week and the staff on shift was displayed in a communal area so people knew who was supporting them each day.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

## Is the service responsive?

### Our findings

At our last inspection the service was rated Good in Responsive. Since then the registered manager had introduced new ways of working and embedded best practice, improving outcomes for people. People had lived at the service for many years and no one new had moved into the service recently. Since our last inspection people were learning new skills and were happier and calmer.

To ensure people were fully involved in making decisions about their care the registered manager had introduced monthly review 'meetings.' Staff collated information about people, including pictures of things they had done each month and reviewed people's daily notes to establish if there had been unexpected changes in behaviour, appetite and routine. Staff documented the activities people had taken part in and things they had enjoyed and been less keen on. Staff told us this continual monitoring ensured they were able to pick up on any changes and try to work out why people were presenting a certain way. This continual monitoring of people's experiences and reactions had helped staff to identify trips out, such as to the beach, that people really enjoyed and to ensure they were able to do different activities on a similar theme. For example, when staff had identified that people liked going to a local pebbled beach they had purchased similar stones for the garden at the service. People were still able to do the activity they initially enjoyed but their enjoyment of using the garden had increased as a result. Staff showed us the pebbles that had been bought and pictures of people enjoying both the garden and visits to the local beach and they were smiling in all of them.

As part of their monthly review meetings staff monitored people's short and longer term goals. Short term goals were usually household tasks that staff were supporting people to do more independently. These included, 'changing my bedsheets and cleaning my wardrobe,' 'helping to wash up' 'baking or making a dessert' and 'shopping for my toiletries.' This had developed since our last inspection and people's goals were consistently achieved and once they had achieved the first step staff encouraged them to do more of the tasks themselves and take the next step. People had lived in residential services for many years, and had not increased their skills for a long time. The fact that this had been achieved in the two years since the registered manager had taken over the service was therefore, particularly impressive.

Staff told us that people were consistently achieving their goals and learning new things due to a consistent approach from the entire staff team. One member of staff said it was down to, "The work we do put in day in, day out. Everything is consistent." During the inspection we observed two different members of staff assist a person to make a cup of tea. The person was in the process of learning to make a hot drink more independently. Both staff used exactly the same approach with the person. They said the same thing to them, stood in the same place and encouraged them to do each step in the same way and in the same order. Using this consistent approach helped the person feel more confident with each part of the task and had ensured they were progressing with their goal.

One person's goal had been to make dessert for everyone. Staff explained how the person had increased their skills in the kitchen. They told us that the person enjoyed eating an instant whip dessert. Previously they were only able to recognise the finished product as the food they enjoyed eating. Staff had worked

consistently with the person to make the instant whip on multiple occasions. They now recognised that mixing the initial powder with milk would result in the dessert they enjoyed. Staff told us this had increased the person's enjoyment of cooking as they got, "Excited with what is happening." There was instant whip on the menu for pudding on the day of the inspection and the person was supported to make the dessert. They were enthusiastic and visibly excited by mixing the milk and powder together, just as staff had described.

People's longer term goals included going on holiday for the first time. Previously people had not been supported to go on holiday due to their complex needs and staff were proud to have supported people to go away for the first time overnight. There were pictures displayed all around the service of people's holiday, and they were smiling broadly in all of them. Staff told us they were already researching different places for people's next holiday and would show them different options so they were involved in deciding where to go.

There was feedback from one healthcare professional who reiterated how notable it was that people were learning new things, later in life. They had written, '[Person] has made amazing strides with staff and is undertaking new opportunities such as going on the bus and even purchasing items in the shops independently. Their quality of life appears good at the moment.'

Staff ensured that people had as much control as possible over their care and support. Staff had identified that there had been a change in one person's behaviours. They had a pre-existing condition and liaised with other health care professionals to arrange a neurology appointment. The person disliked going to hospitals and meeting people they did not know. Staff worked with the person, arranging for their two favourite staff members to go with them to the appointment. With staff support the person was able to attend the whole appointment, something they had not been able to do before. Healthcare professionals were able to meet and engage with the person and identified that they were experiencing a change in their mental health and not a deterioration of their existing condition. The person's medicines were changed and they were now settled and healthy again.

The service had recently bought a specially adapted arm chair for one person. Due to a pre-existing medical condition they knew that the person's mobility was likely to decrease going forward. The person currently used the chair when they were having a bad day and needed help to stand. The chair tilted to assist the person with standing, which meant they could do it on their own, without staff support. It was designed especially for them, to ensure they were able to sit comfortably. Staff told us the person's posture had improved since using the chair, and they would be able to use it to retain their independence as their condition progressed.

Staff and the registered manager took a key role in building links with those in the local community and worked to develop people's support networks outside of the service. One person had never had a 'friend' before due to their social isolation. Staff had introduced them to a person living in another service run by the registered manager. Staff supported this person to visit the service regularly and told us, "You can see their relationship is building." The person was now regularly visiting the service and played connect four with their new friend, further strengthening their relationship.

People's care plans and risk assessments had been completely re-written and developed to ensure they were centred on the person. Staff had worked closely with people to understand their needs and wishes and involved them in all aspects of this process. There was detailed guidance in place to explain how to support people consistently. People's care plans were personal to them and written to explicitly capture their specific needs, goals and aspirations. They were reviewed each month by staff, and updated regularly when people's needs changed. People were involved in all aspects of their care planning and pictures were used to ensure they were as meaningful as possible.

People and their relatives were actively involved in planning and reviewing their care. Annual reviews were completed where all of the important people in a person's life gathered together to celebrate their achievements and review their progress over the past year. The annual reviews were informed by the monthly monitoring that the registered manager had put in place. This ensured they were detailed and people had been able to input in every part of the process. Pictures were used to make the reviews more interactive for people.

There had been no complaints since our last inspection. The registered manager told us if any complaints were received they would be fully investigated and used as an opportunity for learning or improving practice. The complaints procedure was written in an easy to understand format, with pictures. However, due to people's complex needs the registered manager had identified that even this would not be meaningful to people. Instead, as part of staff's monthly monitoring of people they identified any changes in people's behaviour, routine or sleeping habits and then looked to see what was causing these changes. This ensured that although people could not verbally communicate their needs were considered and if they were unhappy about something this could be identified. People who previously had not been able to make a complaint known were given a voice for the first time.

## Is the service well-led?

### Our findings

The service was well-led. At our last inspection the well led domain was rated Good, and the registered manager had only been in post for two months. Since they had started managing the service people's lives had changed for the better. The registered manager had embedded best practice within the service. Staff were all working towards the principles of person centred active support and positive behaviour support. As a consequence of this improved support, people were doing new things, learning new skills and were now active members of their local community. For example, people had developed friendships with other people in the local area and visited them regularly and welcomed them into the service for return visits. The registered manager was a visible presence within the service and people clearly knew and liked them. People were relaxed in the registered manager's company, they smiled and approached them throughout the 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

Staff told us that the service was managed exceptionally well and that since the registered manager had been running the service people's lives had improved. Staff were enthusiastic about their roles and extremely positive about the leadership of the service. One member of staff said, "I have worked here for just under three years and I have seen just how much the registered manager has turned things around." Another told us, "It has changed a billion percent since the registered manager started. Everyone wants to come to work and everyone focuses on the people who live here." Staff told us that in two years there had been a complete 'culture change' at the service and there was a positive and inclusive culture and staff were motivated to find new things for people to do and support them to learn new skills.

The registered manager told us that this 'shared vision' of, "Person-centred care, quality development and improved quality of life outcomes" was at the heart of everything they did. Each staff member we spoke with shared these sentiments. One told us, "I want this service to be one of the best, so we can be proud of what we do here. We like to go out of our way to be pro-active and find new things for the guys to do." Another staff member said, "Now we involve people in everything. There is more activities for them, and we celebrate each new thing that they achieve." A third staff member told us, "We want to be the best and achieve the best for the guys. That is what we are here for." Staff spoke with pride about the new things people were doing, such as cooking for themselves, using public transport and going on holiday for the first time.

People living in the service were now active members of their local community. Previously people had been isolated, and rarely went out due to their complex needs and behaviours. They now regularly ate out in cafes and restaurants; went out for coffee and accessed places of interest in the local area. The registered manager had led the development of this, coaching and mentoring staff so that people had developed friendships with other people with similar interests and now visited them at home, and welcomed them into the service.

The registered manager was knowledgeable and informed about all aspects of their role. They were passionate about providing support to people with complex needs and their enthusiasm was evident throughout the inspection. Staff told us this knowledge and passion had rubbed off on the entire team. One member of staff told us, "The support the registered manager has given to the team has been fantastic. They go above and beyond." Another said, "The registered manager is my inspiration. I have never had a manager like them before." The registered manager had a level 5 qualification in leadership and management and was trained in how to support people with complex needs and behaviour that challenged. They kept up to date with best practice and had ensured that best practice with regards to person centred care and focusing on outcomes was implemented throughout the service,

Due to people's complex needs they required additional support to communicate. They were unable to verbally feedback to staff regarding their thoughts and feelings so staff used innovative and creative ways to empower them to have a say in the running and continual monitoring of the service. The registered manager had developed a system of monthly monitoring so that staff who knew people well, were able to keep track of how they were feeling. The registered manager showed us the minutes of monthly 'meetings' which contained pictures to make them more meaningful to people. Staff had looked at people's health, how they had been sleeping, any behaviours they had displayed and completed regular observations on how people had appeared throughout the month. In doing so they were able to identify if there had been any changes and these could then be looked at to determine why the changes had occurred. Staff had picked up on changes to people's mental health via these meetings, ensuring they received prompt support to manage this change. This form of close monitoring had been so effective at involving people the system had been presented to managers from the provider's other services and incorporated into the organisation's monitoring systems.

The registered manager completed a ranged of checks and audits to ensure staff were providing high quality care and that the service was safe. Medicines were checked monthly to ensure there had been no errors and that people had received them as required. The registered manager completed regular quality monitoring visits at evenings and weekends to observe staff support and gave staff constructive feedback about how they might improve their support.

As part of their regular checks the registered manager had identified that they wanted to improve the quality of information in people's daily notes. They developed bespoke, in-depth guidance for staff to demonstrate the expected quality. This was supplemented with additional, weekly checks by team leaders to ensure all staff were completing the daily notes consistently. The registered manager told us that the in depth daily notes had allowed them to gain a true picture of what people were doing for themselves and where they required additional support. This in turn had allowed them to identify specific goals that were now being achieved. People had achieved shorter term goals such as learning different aspects of doing their own laundry and preparing their own meals and longer term goals such as going on holiday for the first time.

Staff were then able to accurately track people's progress, ultimately leading to improved outcomes for people. People were more active and doing new things and ultimately were getting more personalised support from staff. As the daily notes were consistently reviewed the process was ongoing, leading to continuous improvement. The registered manager had shared their success with other managers from the provider's other services.

Staff had been formally asked their views on the service as part of the provider's quality assurance process. We saw positive feedback which stated, 'I enjoy working at the service. Because of the team and support from management. Plus I have known and enjoy working with the service users at my service.' All the responses had been collated and analysed and the results had shown that staff were significantly more

engaged than in the provider's other services. The report had stated, 'This is an excellent result when compared with [provider's] overall results.'

Staff told us that regular team meetings were an opportunity to ensure, "Everyone can voice their opinion." Meetings were held monthly and staff and the registered manager used them as opportunity to share best practice, discuss important events that had happened in the service and reflect on what could be improved going forward. One member of staff told us, "We all pull together, we might disagree but the meetings make sure things are sorted out and everyone wants the best for them [the people living at the service.]"

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted all necessary notifications as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.