Progress Housing Limited

Bramshaw House

Inspection report

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Date of inspection visit:
27 September 2018

Date of publication:
27 November 2018

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of Bramshaw House on 27 September 2018.

Bramshaw House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bramshaw House is registered to provide accommodation for people requiring personal care for up to 10 people, older people and younger adults with learning disabilities or autistic spectrum disorder, physical disabilities, sensory impairments and mental health support needs. Bramshaw House is a large detached premises in a residential street that is split across two floors. At the time of the inspection, 10 people were living in Bramshaw House.

Bramshaw House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using this service can live as ordinary a life as any citizen.

The service had 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.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in June 2017.

People felt safe and there were systems and processes in place to keep people safe from abuse. Staff and people had support to knew how to recognise and report abuse. Any concerns were reviewed by the registered manager and reported to the local authority safeguarding team. People were helped to understand what discriminatory abuse was and who they could speak with to get help to prevent this. People said this was useful and made them feel safe.

People had assessments that identified potential risks to their safety. People, or people acting in their best interests, were involved in deciding how to take appropriate actions to manage these risks and made sure people's personal freedom, independence and choices were respected. Accident and incidents were responded to quickly to keep people safe and reviewed to look at how to prevent them happening again.

There were safe recruitment processes and the service had enough staff to meet people's needs. Staff had regular medicine administration training and competency assessments and there were systems and processes to help make sure that people received their medicines safely. Infection control risks were well

managed and the premises were clean and hygienic. Staff had received food hygiene training to know how to safely support people with any food preparation and handling support they needed.

People told us the service was effective and they had a good quality of life. One person said, "They look after me very well, they know what they are doing". Another person said, "I am happy". People were supported to achieve the outcomes they needed and wanted support with. Staff received equality and diversity training and did not focus on people's disabilities when supporting them to achieve their choices. One person said, "They help me do everything that other people do."

Staff worked well with each other and with other organisations to co-ordinate people's support to help make sure people's needs and choices were met consistently. Staff had a comprehensive induction and probation programme and on-going training and supervisions to give them the necessary skills and knowledge to deliver effective care and support. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had effective support with their healthcare needs. Staff supported them to share information with health professionals and to understand information about their care and treatment options were and what the outcomes could be. People were involved in decisions about what they ate and drank and had support with any specific or more complex eating and drinking needs, including managing any risks associated with these. The service had been adapted to meet people's needs and people had personalised their bedrooms and communal areas to their choosing. There were spaces for people to socialise together or with visitors or spend time alone if they chose.

Staff were caring and respected people's privacy, dignity and confidentiality. People were involved with making choices about how they were supported and staff communicated with them in accessible ways. Staff encouraged people to be as independent and made sure that they had time and space to make their own choices and do as much as they could for themselves.

People received personalised care and were involved with planning their support. Staff knew people well people had care plans that reflected their personal preferences and life history as well as their physical, mental, emotional and social strengths and levels of independence. Staff helped support people to share and receive information about their support in the most accessible way so they could remain in control of the planning and delivery of their support as much as possible.

People had support to follow their personal interests and goals and regularly took part in activities in the community. People were encouraged and supported to maintain relationships with important people in their lives, including with family, friends and partners. People's care was reviewed regularly to check they were achieving the support they wanted and had a good overall quality of life.

Leadership and management promoted an open, positive person-centred culture at the service. People had contributed to agreeing the vision and values of the service. One staff explained what the vision was and what this meant for them "We make sure we respect people and make sure they are treated equally. This helps them to be happy and get the same opportunities as anyone".

Staff had regular meetings supervisions and appraisals to help them share information and ideas about how to deliver the best possible support for people. The registered and deputy manager made sure they were always approachable and available and staff well-being and quality and diversity rights were respected. There was a 24 hour on-call service for when the managers were not on-site to support staff. Staff said

managers were capable and did what they said they would if they needed support, "There is always someone on the end of a phone or on-shift, they are brilliant like that."

Quality assurance systems and governance frameworks helped make sure the service was operating in line with current best practice guidance and legal and contractual requirements. The registered manager and the staff were aware of any quality and safety risks and acted to make sure they were addressed on time.

People and relatives were listened to and open communication was encouraged so they could say about what was working well and what wasn't. Staff and management worked with external agencies in an open way to share appropriate information about people's support. This helped to achieve consistency in people's support and offered an opportunity to review how services could learn from each other to improve people's overall care provision.

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.

Systems and processes were in place to help protect people from abuse.

There were safe recruitment practices and the service had enough staff to meet people's needs.

Risks to people were monitored and managed to help keep people safe from avoidable harm.

Medicines were managed safely and the service was clean and hygienic.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they had support to achieve good outcomes and have a good quality of life.

Staff received training and supervisions and had the right skills, knowledge and experience to meet people's needs.

People consented to their care and the service was operating within the principles of the Mental Capacity Act 2005.

People's healthcare and eating and drinking needs were effectively met.

Is the service caring?

Good

The service was caring.

Staff were compassionate and listened to people.

Staff communicated with people in ways that they understood.

People's privacy, dignity and confidentiality were respected.

People were involved in making decisions about their support

and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that reflected who they were as a person and staff knew what their needs were in all areas of their lives.

People's care was regularly reviewed to make sure they got the support they wanted and needed without any unnecessary delays.

People were involved in planning their support and followed their interests and achieved their goals.

Staff supported people to develop and maintain relationships with important people in their lives.

Is the service well-led?

Good

The service was well-led.

There was a positive, inclusive and open culture committed to respecting people and helping them to live the best possible life.

Staff were supported by management to help understand their roles and responsibilities so they could deliver the best quality care.

Quality and safety risks were well managed at all levels of management and the service was committed to continually improving.

People, staff and relatives were involved in developing the service.

Bramshaw House

Detailed findings

Background to this inspection

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

This inspection took place on 27 September 2018 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we spoke with three people using the service, five support workers, the deputy manager and the registered manager. We reviewed care records for two people receiving personal care support and 'pathway tracked' them to understand how their care was being delivered in line with this.

We observed the support that people received in the communal areas, including lounges and dining areas of the service.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the

management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I don't worry here at all. They look after me and my things". Another person told us, "I can live safely here. I like it". We found the service was safe and people were protected from abuse and avoidable harm.

There were systems and processes in place to keep people safe from abuse. The service provided easy read information to support people to understand and be aware of different types of abuse, including discriminatory abuse. This helped people to recognise abuse situations and know what they could do, or who they could speak with, to get help to prevent this. People said this was useful and made them feel safe. One person said, "I know I can ask anyone at any time if I need help".

Staff had received safeguarding training and understood how to recognise signs of abuse and their responsibilities to report any concerns, who they should contact and how they should do this. Any concerns were reviewed by the registered manager and reported to the local authority safeguarding team. Concerns were also discussed on a day by day basis and in team and management meetings every month. This helped staff and other relevant agencies be aware and agree the best way to act to keep people as safe as possible.

People had assessments that identified potential risks to their safety. People, or people acting in their best interests, were involved in deciding how to take appropriate actions to manage these risks. This helped make sure people's personal freedom, independence and choices were respected. One person said, "They help me stay safe by helping me work out what I can do".

Staff understood people's rights to make their own decisions about risks and focused on finding safe solutions to allow them to achieve their choices. For example, a person who used a wheelchair wanted to go rock climbing and abseiling. Staff had helped the person find out how they could do this safely and had recently supported them to carry out the activity. Staff said, "We need to make sure it is safe but it didn't even come into our heads they shouldn't be able to do this".

Staff used an electronic records system to regularly update people's daily notes and complete accidents or incidents forms. The system was operated via mobile tablets which staff carried with them. This allowed them to record and report any safety incidents or concerns immediately if they occurred. This helped make sure that there were no unnecessary delays in the registered manager being made aware and acting quickly to keep people safe. The system could also be used to then send instant updates and messages to the entire team. This allowed all staff to know immediately what had happened and what actions needed taking in response to any incidents.

The registered manager said if incidents did occur then, "We always look to learn from this". They encouraged an open approach when discussing incidents, to help staff reflect and look at ways to avoid incidents happening again. If necessary, the registered manager reported incidents and accidents onto other relevant partner agencies such as the local authority for review. This helped to gain valuable input and

advice to help identify any themes to learn from and prevent things going wrong in the future.

There were safe recruitment processes. All staff working at the service had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Staff also submitted applications, references and other character and competence checks prior to being offered a position. There was then a further induction and probation period, as well as on-going training, to support staff and assess their suitability to work safely.

The service had enough staff to meet people's needs. Rotas were managed to make sure enough staff were working to be able to meet people's needs, including allocating people any necessary 1:1 support. For several years there had been low numbers of staff leaving the service. This helped ensure people had consistent support from staff who had the right knowledge and experience to meet their individual needs. One person said, "I have different people to go to but you can go to anyone. I always know who I have that day".

Staff had regular medicine administration training and competency assessments to help make sure that people received their medicines safely. Each person had their own Medication Administration Records (MARs). This included details about how their medicines were taken or used and how often. Two staff checked these details before people were supported to take their medicines, to help reduce the risk of errors.

People had regular reviews of their medicines with GPs and other healthcare professionals. Staff made sure that people were aware of why they needed medicines and were involved as much as possible when taking them. Where people could do so safely, they self-administered their medicines with as little support as possible. One person said, "I know all my tablets and why I have them. I don't get ill now. They make sure I'm healthy". Another person said, "I have mine at the same time and they write it down and show me".

People had recently reviewed guidance for when to offer and administer any prescribed 'as and when required' (PRN) medicines, to help make sure that people were receiving PRN when they needed it. There were body maps to show where people required topical creams, to make sure they did not have too much cream or that is was administered where it was not necessary.

The premises were well-maintained and people and staff said any maintenance issues were dealt with quickly. Due to a recent water leak, some planned maintenance work in some communal areas was taking place when we visited. The maintenance staff, support staff and the registered manager had taken necessary precautions to make sure these areas were safe for people while the work was being carried out.

Equipment used at the service such as people's walking aids, wheelchairs and hoists were checked regularly to make sure it was safe. Health and safety and fire checks of the communal areas and people's rooms took place regularly. Staff carried out regular fire alarm tests and fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place so staff knew how to support them safely in the event of a fire.

The premises were clean and hygienic. Communal areas were cleaned daily and people's bedrooms weekly. Where it was possible, people were involved in carrying out cleaning tasks. Staff received infection control training and used plastic gloves and aprons when supporting people with personal care tasks. We saw suitable bags, containers and disposal equipment was available and in use by staff when supporting people to manage any hazardous waste such as continence support equipment. Staff had received food hygiene training to know how to safely support people with any food preparation and handling support they

needed.

Good

Is the service effective?

Our findings

People told us the service was effective and they had a good quality of life. One person said, "They look after me very well, they know what they are doing". Another person said, "I am happy".

People's physical, psychological and social needs had been assessed so the service knew how to help them achieve their preferred support outcomes. People had been involved in this process. One person said, "they ask me what I think and show me it. We write things down." Another person said, "They ask me to read it to see if I agree." Where relevant, staff had also liaised effectively with relatives and local authority social and healthcare services to help assess, identify and deliver the best possible support to meet people's individual needs.

People were supported to achieve the outcomes they needed and wanted support with. Staff received equality and diversity training and did not focus on people's disabilities when supporting them to achieve their choices. This helped challenge social discrimination and make sure people's human and civil rights were respected. One staff said, "(having a disability) shouldn't and doesn't stop them living the life they want to." People said staff made sure they were treated equally and fairly. One person said, "They help me do everything that other people do."

Staff worked well with each other and with other organisations to co-ordinate people's support. Some people were supported to regularly access education services to help them learn or develop new skills. Other people had support to attend events at local social organisations, where they could then meet friends. Staff liaised with health and social care professionals to provide and maintain and any technology or specific equipment that enhanced the delivery of effective support for people. For example, walking aids, specialist wheelchairs or adapted controls for electrical appliances. This helped make sure people's needs and choices were met consistently, their independence was promoted and they had a good quality of life.

The provider had an 'Awesome Interview' initiative which involved people from Bramshaw and other services run by the provider in recruiting new staff. This helped to ensure staff and people were well matched. Staff had a comprehensive induction and probation programme that met Care Certificate Standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. This helped to make sure staff delivered effective care and support.

Staff also had to successfully complete work based competencies during their probation period, including receiving feedback from a person using the service. After induction and probation had been completed, staff had regular training, spot checks, supervisions and appraisals to support them to deliver effective care in line with up to date professional guidance. Training was regularly updated either by taught courses or via an on-line system. Staff could request additional training at any time if they felt they needed to improve their skills. For example, some staff had recently requested an additional face to face autism training session as they had felt that the on-line training they had received was not detailed enough.

The Mental Capacity Act (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. We checked to see if the service was operating within the principles of the MCA and found that it was.

Staff received MCA training and understood the consent and decision-making requirements of this legislation. People's mental capacity to be able to make decisions about different activities was assessed. Where they were not able to make certain decisions, the person with authority to act in their best interests in this area had been identified and involved in making any decisions about their care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had carried out the correct assessment process and submitted applications for DoLS for people who required them.

Staff regularly discussed people's wellbeing with them and, if appropriate, regularly recorded information about their health, such as weight or bowel movements. This allowed staff to accurately monitor people's health and support them to access healthcare services if necessary. People said this was effective in meeting their needs quickly. One person said, "I tell (the registered manager) or whoever is looking after me if I don't feel well and the doctor comes or we go to visit her. It happens straight away."

Staff attended appointments and helped shared information about people to explain what their healthcare issues were. Staff helped people understand what medical professionals' advice about their treatment options was and what the outcomes would be. One person said this support helped them to live a healthy life, saying, "I go to appointments with my carer. I have had my eyes tested and some new glasses and my teeth looked at".

Staff shared information about these visits and the outcomes with each other via their electronic records system and during verbal handovers. People had a 'Care Passport' that contained information about their health and communication needs. This was designed to be shared with healthcare staff to help maintain consistent support for people, especially if they had to access these services independently.

People were involved in decisions about what they ate and drank. One person said, "We can choose and we have a menu on the wall." Staff provided advice for people about the importance of healthy eating and encouraged their involvement in creating meals of their choice. One person said, "The food is nice and we help to cook and go shopping to buy ingredients." Mealtimes were not rushed and were social occasions, with people talking and laughing with each other and staff.

People with more complex eating and drinking needs had been supported to identify and manage any risks safely. For example, staff had arranged referrals to speech and language therapists who had helped assess and provide specific cutlery, plates and cups for some people to allow them to be as independent as possible when eating and drinking. Other people had pureed food to help avoid any risks of choking.

The service had a communal kitchen, dining room, lounge and a large garden and summer house where people could take part in activities and meet with other people and visitors. Communal areas had been decorated recently and people had helped choose how this was done. People could spend time in their

bedrooms if they wanted to spend some time alone or 1:1 with staff or visitors away from the communal areas. People had personalised their bedrooms and told us how they had chosen colour schemes and decorations to reflect their interests. For example, one person was a fan of a local football team and had chosen his teams' colours for the walls in his room. The physical environment was adapted to help meet people's needs. There were wide corridors and doorways, a lift between floors and a ramp to the garden to allow people who used wheelchairs to move around easily and as independently as possible.

Good

Is the service caring?

Our findings

People said staff were caring and respected their privacy and dignity. One person said, "They are very kind to us". Another person said staff were "Really nice".

People told staff how they liked to be supported, their personal history and what was important to them as an individual. People's care plans had an 'All about Me' document that also recorded this information. Staff used this information to understand how to deliver kind and empathetic support. One staff said, "We care for everybody, we all know the people who live here well and all have respect for them." People said this made them feel that they were being supported by staff who cared about them, "They know me very well because they listen."

Staff made sure people found it easy to talk with and understand them. Staff established eye contact, used appropriate language and gave them time to respond during conversations. People told us staff were patient and always acknowledged what they were saying, which made them feel like their opinions mattered. One person said, "I do a lot of talking and they do a lot of answering me."

Staff looked for accessible ways to help people communicate. One person used an electronic communication system and typed out topics when they wanted to start conversations with staff. The person would use the same system to then respond during the discussion and answer questions. Staff communicated with other people using pictures and objects. For example, showing people two or three different objects when helping them to decide about an activity to do or food choice. The person would then point to the object to show what they wanted to do.

People told us that staff were compassionate and showed concern for their well-being. One person said, "The staff always come and have a chat with me to see what I am up to if I decide to stay in my room, they make sure I'm happy and feeling well." If people felt emotional staff would take time to offer them any reassurance. One person said, "If I'm feeling sad and talk to me about things or take me to my boyfriend whenever I want."

There was a 'Joy Board' that was visible to all in the communal dining room where people and staff added comments about what is making them happy and had made them feel good lately. Staff explained the idea had come about when discussing how to promote a positive sense of well-being respect and empathy for other people's feelings. These comments were used as a talking point at mealtimes. People said this helped them to build trust and feel they could talk openly about themselves and this helped them to value their emotions. One person said, "They talk with me about my feelings and how I feel about things, we write things down and make photobooks and collages to keep as memories of everything I do"

Staff offered explanations and asked for permission when supporting people. One staff said it was important to always involve people in decisions about their care and that "We promote people's choices." People told us staff encouraged them to be as independent as possible when making their choices. For example, one person had been supported to access information and advice to be able decide about how to manage their

own dietary health needs. Another person said, "They are really nice and help me to work things out for myself." Other people told us, "I have choices and can choose how I live".

People told us they felt confident that information about them was treated confidentially. One person said, "Any time there is someone you can chat with privately." Another person said, "I chat to them all the time and they say I can chat in the office or my room too." There were data protection and record keeping polices in place that staff followed to make sure that people's personal information was correctly stored, used and shared.

Staff respected people's privacy and dignity. One person said, "They knock on my door and I can close it when I want." Another person said, "I have privacy when I want it and I can lock my door if I wanted to but I don't. They always ask if they can come into my room." Staff made sure that if people wanted to only be supported by female or male staff when having personal care, this was arranged. People were given time and space during sensitive periods to respect their dignity. One person said, "They don't come in if I am having care."

Good

Is the service responsive?

Our findings

People told us they received personalised care. One person said, "I am supported with my choices." Other people told us that their needs were met in a person-centred way.

People were involved with planning their care. One person said, "They ask me and we write it down in my book and they ask me to read it to see if I agree." If appropriate, other relevant people such as family members and health and social care professionals shared information with staff about people's physical, mental, emotional and social strengths and levels of independence. This information as well as about people's personal background, important relationships, likes and dislikes and future goals, was reflected in people's care plans.

People said staff knew them well and their care plans reflected who they were as individuals. One person said, "They listen to me and my thoughts on what I like and don't like". When planning people's care, staff made sure that they provided information about people's support choices in a the most accessible way. Staff were encouraged to attend communication training and people had personal communication plans about how they liked to share information. This helped staff to know how to help people to understand and identify their support choices in a person-centred way.

People told us how this approach helped them to remain in control of the planning and delivery of their support as much as possible. One person said, "I like to plan my trips and they help me use the computer to look at things to do." Another person said, "They talk to me". Care plans were available in large print or 'Easy Read' formats or could be read aloud to people. Staff also used pictorial communication tools, objects of reference and other specific communication tools for people who preferred these. For individuals with complex communication support needs and more profound learning disabilities, staff sought consent to involve relatives and other health and social care professionals to help explain about support people needed or wanted where this was appropriate.

People's care was reviewed daily and staff kept individual daily notes and charts to record information about people's support. Staff updated these records, shared information verbally throughout shifts and could use the electronic care notes system to update the team via instant messaging if there had been a change in a person's support needs. There were also twice daily handovers at the change of each shift, where senior staff and the registered manager would sit with the team to review people's support and could raise if any changes were necessary. This allowed any changes to be put in place without any delays. People also had monthly and weekly house meetings and more formal six-monthly reviews of their support to look in depth at their care plans and check they were achieving the support they wanted and had a good overall quality of life.

People told us having the chance to review their care daily meant staff were flexible and responded quickly to help them meet their needs and choices. One person said, "We plan our trips but if we don't feel like it on the day we can change plans. We have house meetings and we are given time to think about things and make choices for ourselves". Other people told us how the reviews helped them to plan ahead and set future

goals as well as look at their regular day to day support, "I like going to shops and cafes and we plan this together. They have helped us plan a holiday and we have chosen everything we are doing, it will be great fun."

People were encouraged and supported to maintain relationships with important people in their lives to make sure they did not become socially isolated. People saw family members regularly and visitors were welcome to the service at any time. Other people had support to develop social and personal relationships with friends and partners. One person said, "I go to the disco and they help me get there and I go to meet my boyfriend at different places when I ask". Another person said, "I have a boyfriend here and we are going on holiday, they help us plan things together and spend time together". People were friendly with each other and sometimes choose to socialise together in the service or visit people they knew at other services operated by the provider that were near-by.

People had support to follow their personal interests and goals. People had individual activity planners for each day of the week and staff helped people plan these in advance and review them regularly. There was a 'Wish Tree' in the lounge where people could place their choices for the support they wanted to achieve a future goal, such as going on holiday. Staff then worked with the person to help them achieve this wish. Other people had support to realise education opportunities at local day centres or be involved with community groups. One person said, "I'm going on holiday and to see Cliff Richard with my friend here and I love going to choir each week. I sing all the time and they take me there and collect me and we sing on the way back."

There was a complaints policy and this was available and on display in 'Easy Read' format so people could access this easily. People told us they were confident that if they wanted to raise and complaints with staff they knew what to do and felt they would be listened to. The registered manager kept a log of all complaints that had been received. Information from this log was audited regularly to help make sure all complaints were responded to appropriately and to look to see how to improve the service in future. For example, following a mix up with people's laundry there was an agreement to label similar items of clothing to prevent people wearing someone else's clothes by mistake.

The service was not currently actively supporting people with end of life care. The registered manager was in the process of reviewing the current plans about the support people might need to manage and make decisions about their end of life care. This would include ensuring there was necessary detail about any religious or spiritual wishes and to arrange that people were offered enough emotional reassurance. The service would also ensure that any necessary arrangements to provide the medical palliative care support, resources and equipment to ensure people would have as dignified and pain free a death as possible.

Good

Is the service well-led?

Our findings

People told us they thought the leadership and management promoted an open, positive person-centred culture at the service. One person said, "I ask for help or tell them all what I think. (The registered manager and deputy manager) are very approachable and easy to talk to. They get things done."

The registered manager had a clear vision that staff deliver high quality support that allowed people live the best life and be as independent as possible. People had been asked to share the values that were important to them and these were displayed in the service. These were called "Our Values" and included respecting people's differences and treating people fairly. The registered manager explained that these values were used as the benchmark for expected staff attitudes and behaviours when carrying out their roles. Staff understood this expectation and explained how, by displaying the shared values, they could help to realise the vision of the service. One staff said, "We make sure we respect people and make sure they are treated equally. This helps them to be happy and get the same opportunities as anyone"."

Staff had regular meetings supervisions and appraisals to help them share information and ideas about how to deliver the best possible support for people and what their responsibilities were to help achieve this. For example, if there had been an incident or an accident this was discussed during the individual or team meetings. Staff were encouraged to reflect on the key concerns and risks and contribute ideas to overcoming these so the incident did not happen again. The registered manager aimed to make these processes as open as possible, to help create a transparent and honest culture. One staff said, "We can raise issues, and say what needs to be said. It is constructive, we are listened to." Another staff member said this environment helped staff to want to achieve good outcomes for people, "We can disagree but it is not about us, it is all about what is best for people. There is a happy atmosphere."

The registered and deputy manager made sure they were always approachable and available. There was a 24 hour on-call service for when the managers were not on-site to support staff. Staff said managers were capable and did what they said they would if they needed support, "There is always someone on the end of a phone or on-shift, they are brilliant like that." The organisation had recently introduced new team leader positions to provide additional help for staff on shift and during supervision processes.

The registered manager recognised staff achievement, thanking people for work they had done each day or if they had carried out a good piece of work. This was important for making staff feel valued and inspiring them to provide high quality care. There was also a wider provider initiative where staff could nominate each other for a prize for exceptional work. This helped create a sense of shared understanding about working towards a goal and overcoming challenges together throughout the team. One staff said they found this motivating and that it meant that there was a positive staff culture where, "We work as a team, we look after each other."

Staff well-being and equality and diversity rights were respected. The registered manager gave an example of how they had made workplace adjustments to support a staff member with their disability. The registered manager supported wider team discussions to promote the importance of valuing differences and

promoting respect within the staff team. Staff well-being was discussed during supervisions and there was further support available such as referral for occupational health or independent counselling services if required.

The registered manager entered information about the delivery of the service into a centralised electronic quality assurance system. This information was then reviewed to identify how the service was performing in line with current best practice guidance and legal and contractual requirements. This helped to monitor the quality and safety of the service and identify any risks or areas of practice to improve or build upon. This information was then audited and actions added for completion within a certain time.

The registered manager had support from an area manager to help prioritise and oversee the completion of actions. The audit process also allowed an opportunity to identify themes and patterns about what was working well and any repeated areas of poor service delivery. This helped to make sure important quality and safety risks were addressed on time and help the service continuously improve. The area manager was based at the service for most the week and provided further day to day and more formal supervision support for the management team outside of the audit process. This helped to ensure that the management team fulfilled their responsibilities such as submitting CQC statutory notifications, sharing information with external stakeholders, responding appropriately to any incidents and promoting openness and transparency by overseeing duty of candour obligations.

People told us they felt that their views were listened to and open communication was encouraged so they could say about what was working well and what wasn't. One person said, "They always listen to our ideas and what we think." People had been invited to create their own internal quality checklist based on themes that had emerged when reviewing their feedback. A representative service user group from across the organisation now used this checklist to visit services to carry out audits and suggest actions to improve the quality of care.

People's relatives were sent surveys to gain their views on how the service was performing. There had recently been a 'Parent/Carer forum to gain more in-depth views and open up a regular face to face consultation to involve relatives with developing the service. This provided an accessible and more personal means of sharing information about how people's ideas and experiences were being used to improve the service.

Staff and management worked with external agencies in an open way to share appropriate information about people's support. For example, staff met regularly with healthcare professionals to agree the expectations for delivering the best possible care when working together to achieve outcomes for people. This helped to achieve consistency in people's support and offered an opportunity to review how services could learn from each other to improve people's overall care provision.