

Huntercombe Properties (Frenchay) Limited

Conifer Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Conifer Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Conifer Lodge accommodates 13 people in one adapted building. The service specialises in providing care to people who have a learning disability, people who are on the autistic spectrum and people who may also have associated mental health needs.

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

This unannounced inspection took place on 19 and 23 October 2018. This is the first Care Quality Commission (CQC) inspection since the service reregistered on 10 November 2017. There were 12 people using the service during our inspection.

There was a registered manager in place. 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 knew how to protect people from risk and harm and how to report concerns. Information was provided in different formats, including assistive technology, to help enable people to understand how to report any incidents of harm. Staff identified any accidents and incidents that happened and quick action was taken. Learning was shared with other staff, to reduce the risk of it happening again.

People's care records were held securely to ensure confidentiality. Risk management plans provided detailed information for staff on how to reduce and monitor the risks to people's health and welfare. People were having their medicines as prescribed. Staff were working with external health professionals and current guidance to try to reduce the number of medicines people were on.

An advocacy service regularly supported people to make sure their needs and wishes were communicated and listened to. People were provided with pictorial guidance and other communication tools to involve them in decisions about their care and support. These various methods helped staff, alongside the person, plan the review of each person's care.

Staff were flexible and responsive to people's individual needs and preferences. Often finding creative and innovative ways to help people live a full a life as possible.

People lived busy social lives and took part in a wide range of interests, including volunteer work that

helped promote their confidence and well-being. Engagement in activities and support networks outside of the service was an important part of people's lives. Staff enabled people to take a key role in the local community and were always looking to build further links.

Staff promoted, maintained and developed people's independence and living skills as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received a kind and compassionate service from staff who knew their care and support needs very well. Staff maintained people's privacy and dignity when supporting them with their personal care. Staff respected people's equality and diversity. Staff assisted people, where needed, with their drinking and eating to help people's well-being.

People's wishes, ideas, suggestions and concerns were listened to, respected, and acted upon. Staff proposed additional suggestions about how people wanted to spend their leisure time that people themselves may not have considered. This made people feel empowered and valued. The registered manager and staff worked hard to be innovative in providing person centred care based on best care practice and current guidance. People were put at the heart of the service. Compliments about how the service was run and care delivered were received from relatives of people using the service.

People received external health professional support that helped them achieve their goals and aspirations. Personal protective equipment was in place for staff to maintain infection prevention and control when supporting people.

When people became end-of-life staff would work in partnership with other healthcare professionals to ensure people's care was dignified and comfortable.

People were involved in the recruitment of potential new staff. Required checks to make sure new staff were of a good character and were considered suitable to support people safely were carried out. Staff were trained to meet people's care and support needs and development opportunities were in place for staff to increase their skills and knowledge. Supervisions and competency checks were in place to monitor and develop staff.

People, their relatives, representatives, and staff were involved and enabled to make suggestions to improve how the service was run. Audit and governance systems were in place to monitor the service, to drive forward any sustained improvements required. The registered manager and their staff team linked up, communicated and worked with other organisations to ensure people's well-being. This was when they were using different services and, or moving between services.

Further information is in the detailed findings below.

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.

Recruitment checks to determine the good character of potential new staff were in place.

People's prescribed medicines were safely managed and administered by staff.

Risks to people were monitored by staff to ensure that people remained safe, but promoted people's independence.

A process was in place and followed by staff, to protect people from harm or poor care.

Assistive technology and communication tools were used to support people's understanding and to give them a voice.

Is the service effective?

Good ●

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care. Staff were encouraged to develop their skills and knowledge.

Staff supported people with their eating and drinking requirements to help their well-being.

People were assisted to have access to external healthcare services when needed.

People's rights were respected and they were only deprived of their liberty where this was lawful.

Is the service caring?

Good ●

The service was caring.

Staff treated the people they supported in a respectful, kind and compassionate manner.

People were actively involved in making decisions about their care and support needs.

Staff maintained people's privacy and dignity when supporting them with their personal care.

Is the service responsive?

The service was exceptionally responsive to people's needs.

Staff empowered people to be involved in the assessment, planning and review of their care. Staff used this information to deliver personalised care to people.

People took an active part in a wide range of pastimes and interests. Access and involvement in the community was promoted as a natural part of people's lives

People's concerns were listened to and resolved wherever possible.

Outstanding 

Is the service well-led?

The service was very well-led.

The registered manager led by example and inspired staff to support people in an honest and open culture. People were at the heart of the service and were involved in how it was run.

Quality monitoring systems were in place to monitor the service and improve the quality of people's lives.

Staff were clear about the standard of care and support they were expected to deliver.

People and their relatives / representatives were encouraged to feed back on the quality of care provided.

Outstanding 

Conifer Lodge

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.

The inspection took place on 19 and 23 October 2018 and was unannounced on the first inspection day. One inspector undertook the inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 5 September 2018. 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 the improvements they plan to make. We looked at the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law.

We contacted other health and social care organisations such as representatives from local authority commissioning team, social worker team and safeguarding team and Healthwatch (an independent organisation for people who use health and social care services). We also contacted a representative from the advocacy service used. This was to ask their views about the service provided to aid with our inspection planning.

We spoke with three people who used the service and one relative. We also spoke with a registered manager, deputy manager/ nurse, support worker, activities co-ordinator and the administrator. We looked at care documentation for three people, three staff recruitment files, staff supervision, and training records. We also looked at other records relating to the management of the service including audits and action plans, feedback questionnaires, the service user guide and statement of purpose.

Is the service safe?

Our findings

People told us they felt safe because of the support and care they received from staff. When a person was asked if staff spoke to them nicely, they smiled and confirmed, "Yes." To help communicate what safeguarding meant and how to report concerns, people were supported using different types of communication tools. Information was available in a pictorial easy read format and a talking button had been installed. This assistive technology was a button you pressed that spoke and gave a description of what safeguarding was and what to do if you had concerns. These were on display in communal areas within the service.

Staff completed training on how to safeguard people and knew their responsibility to protect people from poor care and harm. Staff reported any concerns both internally to the registered manager and to external agencies such as the local authority, police or CQC. This was in line with the service's safeguarding procedures. Staff knew how to whistle-blow and were aware of the providers policy on this. Whistle-blowing is a process where staff are given a safe arena to report any poor standards of care. A staff member said, "Whistle-blow. I would for the safety of the residents."

People's care records and risk assessments were held securely to promote confidentiality. Risk assessments had been completed and covered areas where people may be at risk. These included, swallowing/choking, mental health needs, home visits, behaviours that could challenge themselves or others, being at risk of burns, individual hobbies that could pose a risk and being in the community. One social care professional emailed the registered manager to say, "Without your support we would really have struggled to keep [named person] safe. I recognise how you have gone above and beyond what we could have asked." People could take risks where this was safely managed. Risks to people were reviewed regularly and changes to people's care and support needs were implemented.

A recent visit from the fire safety officer in 11 July 2017 found the service to be satisfactory. People had emergency evacuation plans in place to aid staff in the event of an emergency. Fire drills and emergency scenario role plays for staff were also practiced ensuring that staff training and knowledge was embedded. This included a recent role play that practiced what staff were to do if a person experienced a cardiac arrest. Lessons learnt to promote people's well-being, included response times from staff to be quicker.

People's care records provided staff with sufficient guidance to support people in a safe way. Staff demonstrated a good knowledge of people and the individual interventions that helped distract people when becoming anxious. Staff were trained on positive behaviour support. This is a behaviour management system used to understand the reason for the behaviour including the person's life history. The support given by staff included choice, participation and opportunities for people to develop new skills to replace the behaviour that challenges. For example, giving people their own space where they could be alone with minimal support from staff, as well as one-to-one support when needed.

Regular reviews of people's care and support needs were undertaken. This made sure there were enough suitably skilled staff available on each shift to support people safely. Where additional staff support was

needed, staffing numbers were increased. This showed there were enough staff to meet people's needs.

People were encouraged to submit questions or attend potential new staff interviews to ask questions that were important to them. Questions included, "Are you a good communicator?" and "Sometimes I say the same things over and over again. How would you manage this?". This made people feel valued and involved in how the service was run. There was a process in place to make sure that potential new staff were only recruited after all the necessary checks had been completed. One staff member said, "Application form, references and my DBS [Disclosure and Barring Service – criminal records check] were in place before I started working with people."

People's medicines was stored, administered and disposed of safely. People and a relative had no concerns about how their, their family members medicines was supported. One relative said, "[Family member] is on a lot of medication. I have no concerns about how this is managed." Care records showed the level of support a person needed with their prescribed medicines from staff.

Systems were in place to manage people's medicines whilst they were away from the service either on holiday or visiting friends and family. The registered manager explained the system in place to sign in people's medicines in and out of the service. On their return the persons medicines was counted and checked, any errors were reported through their incidents system and reported as a potential safeguarding.

A recent change to the medicines system had resulted in an increase in medicine errors, but had not caused harm. The registered manager and staff acted because of shared learning from these incidents to reduce the risk of recurrence. These actions included colour coding the medicines packaging and corresponding entry on the medicines administration record, as per the previous medicines system to help staff.

There were processes in place to prevent the risk of infection. Staff had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only.

Is the service effective?

Our findings

Staff used guidance from external social and healthcare organisations to provide effective care based upon current practice to support people with their care needs. The service was currently working in line with NHS guidance 'Stop the over medication of people with a learning disability, autism or both (STOMP)'. This was in place to help improve the quality of people's lives, and asked staff to work with health professionals to stop the over use of psychotropic (used to treat psychiatric conditions) medicines. The registered manager and deputy manager both told us how they were working with external health professionals to try to reduce the number of medicines people were on. They confirmed that this was a slow process with the persons health and well-being at the centre of this.

Staff attended supervisions, appraisals and checks of their competencies were carried out. Staff confirmed this was a two-way process. Supervisions included the staff member being set a scenario and asked them to describe their actions. These supervisions and spot checks helped support the staff member in their day-to-day role and to identify and discuss any learning needs.

Staff maintained their current skills with regular training on mandatory core subjects relevant to their role and specialist training to support people's specific health needs. The provider also encouraged staff to develop their skills and knowledge by undertaking further training. This included support with training to become a registered nurse. One staff member said, "You are always supported, when [the request is] reasonable to do additional training."

Staff assisted people to eat and drink sufficient quantities. We saw that people could access hot and cold drinks and snacks whenever they wanted. This was because the service had kitchenette areas within the building designed to promote and maintain people's independence. People and a relative had no concerns about the food and staff were seen to give people choices. One relative told us, "[The] food here is very good." A person said, "I like the food. Apple crumble and custard and bread and butter pudding and ice cream." When asked if they get a choice, they smiled and confirmed, "Yes."

Staff supported people to live healthier lives and have access to healthcare services to promote their well-being. Each person had a health action plan in place and was updated when needed. We saw evidence in people's records of involvement from the speech and language therapist, the GP and psychologists and consultant neurologists to promote people's well-being. Staff supported people to set up or attend external health appointments, when needed. A relative said, "[Family member] has come on leaps and bounds in [their] well-being."

The registered manager and staff supported people when they moved across different health services. Feedback from a relative following their family member moving services stated, "Thanks to everyone at Conifer Lodge for all the support."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who lack capacity to consent to arrangements for necessary care and 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 staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible.

People told us that they were given a choice and that staff respected their choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; and systems in the service supported this practice. Appropriate applications to deprive people of their liberty had been sought and authorised. Staff were observed to respect people's rights and offer people choices that were respected. Where people lacked mental capacity, care was given in people's best interests and in the least restrictive way.

Is the service caring?

Our findings

People and a relative had very positive opinions about the support and care they, their family member, received from staff at Conifer Lodge. This was because staff treated people with kindness and compassion. A person said, "I am happy here and I chose to come here [from another health care service]." Another person told us they were, "Happy here." A third person said, "I like living here."

Staff considered each person's needs and acted according to people's strengths and assisted people when they needed help. Feedback from relatives to the registered manager included, "[The service and staff] feels like a family. It gives us piece of mind. Conifer Lodge is very, very special." Staff knew people very well and supported people to be as independent as they could be. We observed that people were not rushed and staff supported people at the pace the person preferred. Care records reminded staff to respect people's choices and to help people to maintain their independence. One person said, when asked how staff helped, "[They help] with two shopping lists, one for when I'm shopping with [relative] and one for Wednesday [personal] shopping."

Measures were in place to make sure that people's personal information, including care records were held securely. People, when risk assessed as safe, could lock their bedroom doors if they wished to do so to maintain their privacy. One person told us, "I will just go to my room to get head space if I need to." Staff maintained and promoted people's privacy and dignity, when supporting them with personal care. This included closing doors and curtains and using towels to cover people. One relative said, "Staff are so respectful and caring, they dote on [family member]."

People's relatives, representatives were encouraged to voice their opinions. For people with limited verbal communication various communication tools were used to enable them to be involved in the decisions about their care and support. Care records showed hand written entries by the person to document their feelings and their views. A relative said, "I feel very involved in [family members] care decisions as communication [with staff] is very good."

Regular visit by representatives from advocacy services were made to support people at the service. Advocates are independent and support people to make and communicate their views and wishes. An advocacy representative told us, "I feel the [registered] manager and deputy thoroughly respect advocacy and are very keen to not only listen but action any feedback I have to give. The [registered] manager is also enthusiastic to refer me to any residents they may feel would benefit from talking to an advocate. The managing team are always seeking ways improve the service the [staff] provides and are thankful for independent eyes being present to provide fresh insight."

People and a relative told us how staff at the service encouraged relatives and friends to visit the service and keep contact with family members. To help encourage this a 'friends and family Friday' had been introduced. This was local initiative introduced at the service to encourage friends and family to maintain and promote relationships with their family members at the service. It also gave people's friends and family to visit the service and meet the staff team and management. One relative said, "I am made to feel very

welcome and involved [by staff]." A person told us, "Staff help support me to visit my family."

Is the service responsive?

Our findings

People's needs were assessed prior to them using the service. This was to make sure their needs could be met by staff. People, their relatives or representatives played a key role in the setting up of people's care and support plans. The provider information return told us, "Care plans are written in partnership with the resident." The care and support plans primarily looked at people's health and support needs. However, they also looked at meaningful activities for people, people's identity, self-esteem and how they could manage risks. Each person had a member of staff who acted as their keyworker. A keyworker is a staff member assigned to particularly look after an individual's needs. Each month key workers met with people to discuss, review and agree their plans of care. This made sure information was up-to-date and reflected people's wishes, individual needs and goals to achieve. Different communication tools were used to capture this information. One tool was a 'talking mat' where pictures were used to ask a question in a way the person understood, other pictures would then be used by the person to reply. Care records contained relevant and detailed information about the individual so that staff could get to know the person they supported. Staff completed daily notes of how people spent their days meaningfully. A relative told us how staff went above and beyond, to support their family member and themselves. They said, "When in hospital recently staff arranged and supported [family member] to visit me."

The service held fund raising events such as a recent 'mad hatter's tea party' which fully involved people using the service, their friends and family. Funds were used to go towards supporting the people at the service or an agreed charity. It was a great success and described as a, "Brilliant day." A relative complimented the event, "This is to say a very big thank you for the tea party on Friday in the lovely sunshine. It was lovely to meet and chat to other parents and friends and to see all of the work you put in for the [people using the service]."

Staff used their detailed knowledge of people to make sure people were involved in the development of their individual care records. This included people being enabled by staff to exercise their choices, maintaining their interests and pastimes or developing new interests. Staff used innovative ways to go the extra mile to help people achieve their ambitions and there were exceptional results no matter how high a person's aspiration was. One person told us how they had agreed and adhered to the rules in place to enable them to take part in an unusual interest. A protected area within the garden was created by staff and decorated with the persons input to enable them to continue their interest in a safe way. They told us, "Staff have supported my interest." Another person explained how they really liked how staff went with them to the local library to help trace their family tree. They then told us proudly all they had learnt about their family history during a recent visit. A social care professional told us, "I believe the staff team offer an excellent level of insight into the complex behaviours of the clients [they] have residing here."

Staff at the service were flexible and responsive to the individual needs of each person using the service. Staff found creative ways to make sure that people lived a full and meaningful life as possible. People lived busy social lives and took part in a wide range of interests, pastimes and work. For example, staff encouraged and supported a person to be involved with a local sports team. The person had gained so much confidence they now helped run it. Staff supported people to volunteer and work within the local

community. This helped people to feel valued and be part of and contribute to the community. One person said, "I enjoy meeting new people and I am polite in my approach to others." Another person told us, "This is an activity I enjoy. I feel like I am helping when I am at work, it feels good. I like to talk about my work as it is important to me." People's well-being was promoted and incidents of anxiety and agitated behaviour were reduced. In addition, there was a reduction in one to one support for some people. A relative told us, "[Family member] is a lot more interactive and keen to do things [activities]." This showed us that the service took a key role in the local community and was actively looking at building even further links.

Easy to use technology, such as 'talking buttons' provided information for people, in a way they understand, on various topics such as safeguarding and advocacy. Talking buttons were found alongside pictorial and easy read versions of the topic on display in communal areas of the service. This helped keep people, with varying and differing communication and reading skills, informed on important subjects matters.

The staff team were innovative and creative in how they responded to people's requests. Staff worked hard to try to implement all that was requested, within reason. For example, where people were on a specialist diet due to health concerns such as choking, great efforts had been made by staff to make sure their food was the same as other people's. This was in response to people asking to have the same menu choices. As such, dysphagia (difficulty in swallowing) appropriate pizzas and ploughman lunches had been devised by the kitchen staff to support people with this request. Photographic evidence showed that people rewarded staff with beaming smiles. Management and staff listened to people and acted on their requests. For example, people requested for staff supporting them in the community to not wear their badges, because they, "felt embarrassed by this." Staff had their identification badges to hand, but did not wear them whilst supporting people.

People had asked the registered manager if they could manage their own spending money held at the service in the same way they would at a bank. In response, the administrator had devised a way people could experience a 'banking experience.' So, records that documented money coming in and money taken out and receipts on how it was spent were set up. We observed how these records were checked and signed by the person and a staff member. This made the person feel in control of their finances and how they wished to spend or save their money. For people wishing to save money, records showed clearly how people's savings were growing. A staff member said, "[Named person] saved enough money to go on holiday." This helped people maintain and develop their life skills.

To progress people's self-esteem and skills people were given lead roles of responsibility to help staff in the running of the service. The 'first aid box' lead person commented, "I like helping the staff do this job, I like to feel that I am helping the staff, it is my job." The registered manager also awarded people with individual signed and dated certificates. These were for achievements such as 'riding my bike safely', 'crossing the road safely,' and 'cutting the grass.' An additional certificate was given to the person who had cut the grass as they had 'followed staff instructions and complied with the risk assessment.' Certificates and acknowledgements were also given to people when they evacuated the building during a fire drill and for 'clearing the tables after meals and wiping down the tables.'

People were supported with their equality and diversity. The provider information return said, "Staff supported people to attend religious services. All care plans promote human rights with a focus on resident empowerment, choices, privacy and dignity, right to family life and a focus on the least restrictive principles. The staff team embrace individuals' differences and promote these within their daily living activities to support an independent lifestyle." A staff member confirmed, "There are two [religious services] we go to and people seem to like the one where people play tambourines, clap and sing."

People's ideas, suggestions, comments and concerns were listened to and effectively acted upon. For example, the service had won some money when entering a 'glamour for your manor' provider competition. People participated in the decision-making process on how the money was to be spent; choices included a water feature and the design and colour of new patio slabs. A person told us, "We won an award and we chose a water fountain." At the inspection we saw the patio area and water feature in situ.

The provider received lots of compliments about the service they provided from relatives and friends of people using the service. Compliments included, "Thank you for all that you have done for [named person]. We can never thank you enough for the support and guidance."

A relative told us, "If I needed to raise a concern or make a suggestion I feel I would be listened to." A complaints process was in place. This process was in varying formats, including using the talking button technology, to make sure that people understood that it was important to raise any concerns they had. Staff at the service worked with the people they supported to make sure that where possible any concerns were resolved quickly.

Where two complaints had been received since the service re registered, we saw that they were taken seriously, responded to and resolved wherever possible. This included a formal letter response from the registered manager to a person who had informally raised a concern about another person. The formal method of the response was to assure the person complaining that they had been listened to, their opinion mattered and their concerns taken very seriously, with action taken. A person told us that they had raised a concern about their shower room with the registered manager. The registered manager told us and we saw that they had used an innovative way to help resolve the issue. The person raising the concern was encouraged to work with the maintenance person, to be involved, try and work out the problem and then help resolve the issue. This involvement in response to their concern, made the person feel listened to, taken seriously, valued and important.

No one using the service currently was on end-of-life care. Where people and their relatives, representatives were happy to discuss end-of-life wishes, these were documented as guidance for staff to follow. The registered manager said in the event of a person becoming end-of-life, they would follow their end-of-life policy. Their nurses and staff would work with external health care professionals' guidance and advice when it became clear that the person's health condition had deteriorated. They also said they would work to ensure the persons religious beliefs and or preferences were met. The registered manager also said they would work with the persons families to offer emotional and practical assistance where needed. This would then enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Our findings

There was a registered manager in place. 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. They were supported day-to-day by staff and a deputy manager.

The registered manager supported and promoted the service to continually improve and become a great and outstanding service. The registered manager had learnt by reviewing other inspections and shared learning from the provider organisation to look at ways in which they could continually improve the service for people. The provider information return told us they had become a member of a corporate 'positive behaviour support (PBS)' steering group.' As such, the service had four trained positive behaviour support coaches, two trained practice leaders and two trained positive behaviour practitioners. This meant that positive behaviour support for people was embedded into the values of the service. Health and social care professionals contacted prior to this inspection were unanimous in their praise for the registered manager and their leadership style. A social care professional told us, "I believe the home has an excellent [registered] manager who will always involve this community team with any concerns, or plans to improve or reduce the support packages. I am very impressed with the professionalism and level of expertise from [the registered manager]." A health care professional fed back, "I am delighted that [named person] has started to swim. I am hugely impressed by the excellent quality of not only the information but also clearly outstanding professional and personal leadership of [registered manager]."

Throughout the inspection it was evident that staff shared the registered managers vision for the service. Staff told us that they were very motivated and proud of the service they worked at. Staff spoken with showed high levels of satisfaction with the organisational commitment shown. The registered manager and staff were always looking at ways to stretch and challenge their knowledge and skills to better support people living at Conifer Lodge. The registered manager had invested time to get involved with shared learning events such as the safeguarding forum, nurses' forum, managers meetings, PBS steering group and attend the local registered manager forum. Here they shared ideas and learning with other like-minded professionals based on best practice guidance and current legislation.

As a part of learning and to enable staff to have a greater understanding of what it was like for people to live with limited verbal communication skills, the registered manager organised a staff silence day. Staff, working together collaboratively, were to speak to people and answer telephones, but had to find different [non-verbal] ways of communicating with other staff. This was 'to test your skills and imagination' as 'just because you don't talk doesn't mean there is nothing to be heard.' This exercise was to make sure that staff put people at the heart of the service and to help them experience what obstacles people had to overcome when trying to communicate their wishes and feelings. Feedback from the day showed that at the start of the exercise, some staff 'had trouble in thinking of other ways to communicate' but as the day went on 'staff did amazingly well using Makaton (uses signs and symbols to help people communicate) and other ways of communication like pictorial cards and gestures,' to make their feelings known. This, staff fed back, made

them more aware of the communication barriers people using the service met and how better they would support people to engage.

The registered manager and staff encouraged and enabled people to play a very active part in the way the service was run and the improvements they would like to see at Conifer Lodge. During meetings staff empowered people using different communication tools to feedback how they were feeling and their views on the care they received. The aim of the service was for people who resided at Conifer Lodge to be at the heart of everything. This included people being involved in recruiting potential new staff members and deciding how to spend the award money recently won by the service. This involvement made people feel valued and that they mattered. A relative fed back to the service, "We bless the day social services found Conifer Lodge."

The provider information return told us that 'conversation into action' was embedded within the service. This was led by the senior management team. Within this forum, staff are supported to promote positive changes within the service through the 'conversation in action' planning sessions. Through these, the registered manager had developed a carers forum. These forums were led by the staff and fed into the monthly team meetings providing care staff the opportunity to have their voice heard within a separate forum to the managers. There had also been the development of a communications champion within the service who ensures that staff remained up to date with developments within the organisation. These include newsletters, audio blogs and leadership updates are disseminated monthly to all staff.

People, a relative and staff told us that the registered manager supported them and was very approachable. During our visit we observed people coming into the office (which had an open door) and discussing issues and asking for advice. One person said, "The [registered manager] is approachable and I will have two to three chats with them throughout the day. I just knock, go in and chat." A staff member told us that the registered manager was always open to new innovative and creative ideas to improve the service for people living at Conifer Lodge. They said, "The culture here always encourages staff suggestions, we work as a good team here. The [registered manager] is always available and willing to listen." A relative said, "The service [staff] have really helped [family member] I am really pleased with how things are going."

A programme of effective quality assurance and audits was in place. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary further training and support provided. These checks helped to sustain quality and drive improvement. Organisational oversight from the provider was in situ. This included the registered manager reporting into the 'quality assurance framework', to report on all areas of the service provided, to the regional manager and provider's quality team. Any sustained improvements required were documented in the quality improvement plan. Organisational learning was also shared with each of the locations included an improvement to new staff inductions. Action was taken and this was put in place following feedback from new staff.

Regular staff meetings held included lessons learnt from incidents that had occurred and any updates about the service. Staff felt positively engaged by them. Staff told us that they were encouraged to contribute to the staff meeting. A staff member said, "[Registered manager] is always willing to listen." Another staff member told us, "Recently one person hit another when in the car, the lesson learnt was to take them in separate cars or a staff member is to sit in between them."

Staff told us that they were very aware of the culture and vision of the service. This they said was because of the clear feedback to staff from the registered manager about what high-levels of care were expected as a minimum. The equality and diversity values promoted within the service, were 'to celebrate people's

differences and uniqueness.' Staff were clear about the expectation to provide a sustained high-quality service that met and supported people's individual needs. A staff member confirmed to us that, "It is about making [people] happy, making them safe and have a fulfilled life." Actions taken to promote equality for all included environmental changes externally to the service. A new patio area and new pathway had been laid to ensure fair and equal access to the outside space for all people, previously these areas had caused some difficulties for those with mobility issues. As part of the re registration of the service, the provider and registered manager had removed upper age limit on admissions ensuring fair and equal access to service for all ages. This also meant that people who had lived in the service for many years did not need to worry about finding a new service when reaching a certain age.

As part of the provider recognition scheme of achievements, the registered manager had again been nominated and won a 'Huntercombe hero of the year' award. This process highlights staff, working in the provider's services that had continually gone above and beyond what was expected of them. The award said, "Thank you for your care, compassion for patients, residents and colleagues. For taking the time to find out how others are. For never tiring of doing the right thing and for nurturing the world one person at a time."

The registered manager and staff told us how important it was for people living at Conifer Lodge to be part of the local community. Links included helping run a local sports team, attending activities outside of the service, fund-raising events, volunteering, and attending religious services. Community links continued to be developed to meet people's changing needs and growth in their confidence. The registered manager and staff worked constructively with different organisations and groups to help people move into paid employment. This, they told us, would help the person feel part of the wider community and valued.

The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in easy-read formats, talking buttons formats or pictographic formats. We saw how people's care plan and monthly keyworker meetings were in a pictorial format to help the person to express how they wanted to be supported and how they felt. There was also an individual loop system in place to enable a person with a sensory hearing loss hear and communicate their wishes.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care and support for people using the service. This included working and sharing information such as reflective practice with external health and social care providers. The provider information return stated, "[We work with] two GP services who work closely with the service. Staff request appointments on behalf of (people at their request) as required. Home visits are also facilitated as required. Local hospitals are accessed as required with the additional support of the learning disability liaison nurse. [The] community psychiatrist visits the service regularly and is available for advice and support via telephone and email. Community psychology [support] is requested on a needs basis. Speech and Language Therapists [input] is provided by the company as required. Health and social care providers we contacted prior to the inspection were very complimentary about how staff worked and engaged with them. A social care professional told us, "The [staff] are excellent at contacting us in a timely fashion, and offer excellent communication and feedback to us." This was to ensure that the support that a person was currently receiving from the service was meeting their needs.

Records CQC held about the service confirmed that the provider sent in notifications to the CQC. A notification is information about important events that the law requires the provider to notify us about such

as safeguarding concerns, deaths, and serious incidents.