

# Liaise Loddon Limited

# Sansa House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Sansa House is a residential care home providing personal care to five people living with learning disabilities, autism spectrum disorder, and/or mental health needs. Accommodation was provided across a ground floor building with five "annexes" and shared living spaces and kitchen facilities and a first-floor self-contained annexe. The home was close to local amenities and fit in with surrounding properties.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People received outstanding support which put them at the centre of their care. People of all abilities were supported in a completely personalised way to maximise their independence and make sure their views were heard. Staff were exceptionally skilled in supporting people's complex needs. The service provided experienced and knowledgeable leadership in both the running of the service and in supporting people's anxieties or agitation which could lead to behaviours which could challenge staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The service supported people to achieve better than expected outcomes through the use of evidence-based, best practice models of support which promoted control, choice and independence. Staff were proactive in managing all aspects of people's physical health and mental wellbeing and worked well with people's network of professionals and with their families or those important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take part in hobbies, activities and employment opportunities which would interest them and develop their confidence. People were supported to maintain and develop personal relationships with family, friends and partners.

The service had a clear culture and set of values which was reflected by staff at all levels. Professionals and relatives told us that the service focussed on valuing the individual and promoting independence. There were robust, well-embedded quality assurance measures in place which ensured the quality of the service was maintained through periods of change.

The service was safe and had innovative ways of supporting people to develop their understanding of risk and safety. The home managed risks such as infection control, health and safety and fire effectively. The service proactively managed people's medicines to ensure these were effective and were managed safely.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was outstanding (published 30 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Sansa House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Sansa House 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.

The service had a manager who had applied for a change of registration to be the registered manager for Sansa House with CQC. The manager was registered with the provider for another home at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the provider's website. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with eleven members of staff including the area manager, registered manager, deputy manager, the positive support co-ordinator, substantive and agency care workers and the cook. Where people were less able to communicate their experiences, we observed how staff interacted with them and supported them, including during mealtimes.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other evidence sent by the provider. We emailed eleven professionals who work with people at the service and one relative for their feedback and gained feedback from one relative and three professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had robust processes in place to protect people from the risk of harm from abuse or exploitation. Staff had training in safeguarding and understood signs of abuse or neglect. Staff assessed people's individual risks relating to their financial security and relationships.
- Staff supported people to understand how to protect themselves and others through training courses provided both in-house and through other training providers. The service used a variety of tools catered to people's communication needs and understanding and re-visited topics to support people to develop their understanding over time.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing and created detailed support plans to ensure they were supported in a safe way which was least restrictive of their freedoms and promoted their independence.
- Risk assessment and management plans were individualised to the person and various tasks or activities. Management plans were clear and easy to follow and involved people or those important to them. Staff understood that people's risks changed day-to-day and throughout the day. Risks were re-assessed before people accessed the community to understand if they would be safe and what level of staffing would be required to support them.
- Risks within the home were assessed and monitored regularly, such as risks related to fire, maintenance of the building and any equipment used. There were clear, delegated responsibilities to staff within the home so that any issues were quickly identified, escalated and acted upon.

Staffing and recruitment

- Staffing levels were evaluated with commissioners of people's care to ensure they had sufficient staff support to keep them safe. The service ensured sufficient numbers of suitably trained staff were deployed for people.
- The provider's documentation for recruitment did not include provision to gain a full employment history with reasons for gaps in employment was not always documented. References were not always targeted to previous employment in health and social care, in line with regulations, but were sought from the most recent employment. This was brought to the area manager's attention who escalated this to ensure the policy was amended.
- The service had measures in place to minimise the risk to people from staff who would not be suitable to work with them. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff were subject to a six-month probationary period with regular reviews of their

performance and conduct.

#### Using medicines safely

- People's medicines were managed safely. People's medicines administration records (MARs) showed they received their medicines as prescribed. People had protocols in place for any 'as needed (PRN)' medicines that they took and for any rescue medicines, such as for epilepsy. Protocols were detailed and informed staff of signs that the person may be experiencing symptoms.
- One person had completed a training course from the provider in managing their medicines. This supported them to develop skills to counter sign their MAR and to have more control of their medicines.
- The service had measures in place to audit records and storage of medicines to ensure this was carried out safely, to identify and address any areas of improvement.

#### Preventing and controlling infection

- The home was clean and well maintained to reduce the risks of infection. People's risks of infection were considered and planned for. People were supported to promote their personal hygiene.
- Staff had training in infection control practices and had policies and procedures to support them. Personal Protective Equipment (PPE) was available and worn by staff where appropriate.

#### Learning lessons when things go wrong

- Incidents and near misses were reported, staff felt there was an open and supportive culture and learning and changes in people's management plans was shared following any incidents. The management team analysed incidents and reviews to establish appropriate actions to reduce the risk of re-occurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service took a truly holistic approach to assessing people's needs, including what support they would need at different times of the day and during different activities. The service could evidence how the support they provided to people achieved very positive outcomes, improving people's abilities to communicate their needs, reducing incidents involving behaviours which may challenge and building life skills. This resulted in people having an improved quality of life.
- People's relatives and professionals told us the service supported people to achieve outstanding outcomes. One person's relative told us, "[Loved one] has come on leaps and bounds since he's been here. They really focus on him as a person." A professional told us, "We all feel as a team that the staff we have met need to be copied and placed in other services as role models as they are simply outstanding! They show they have good leadership and trust from the managers in order to achieve this."
- The service safely tried evidence-based innovation or new approaches. This included trying a new treatment for epilepsy, working closely with a person's family and neurologist to review the evidence and establish a safe protocol to try the medicine. This had significantly reduced the number of one type of seizure the person experienced, which had raised their mood and made them more alert and engaged. This in turn improved their ability to communicate their wishes.
- The service used evidence-based techniques to achieve good outcomes for people's mental wellbeing and an excellent quality of life. For example, one person had been supported to develop their patience and tolerance when having a meal so that they could spend more time with relatives. Initially the person would become distressed or impatient after they had finished their meal and would leave. Staff used 'graded exposure', which meant staff had supported them to slowly increase the time spent with their relatives over a mealtime and to be able to stay to talk after the meal was finished. This had helped improve the relationship with their loved ones. This also reduced the person's reliance on one relative, which enabled both of them to have more freedom.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team was committed and engaged in working collaboratively with other professionals and agencies involved in people's care. Due to the complexity of their conditions, people were often involved with multiple services related to their health and social care needs. The management team coordinated a joined-up approach to involve all relevant parties in decisions and planning care with regular reviews of people's needs and the effectiveness of their current care plans. In some cases, this involved creating a summary report and regularly sending this to the person's professional team and relevant family members to ensure decisions could be made based on the most up-to-date information.

- There was a co-ordinated approach with other professionals to manage any medication changes and to monitor the impact to people. This had resulted in positive outcomes for people in the home. Staff told us about one person, following one medication change, whose demeanour had changed, becoming less agitated, they became more thoughtful and caring towards others which improved their personal relationships.
- Staff supported people to move into the service and ensured the transition was smooth, particularly where the person's previous placement had broken down or they were moving from a young person's service into an adult's residential service for the first time. This was approached with particular sensitivity to families and the person's past experience and expectation. The service worked to build trust with families to support them to have confidence in the service. Where appropriate this could involve having shared care arrangements, visits to the home prior to moving in, having regular visits from relatives, giving access to parts of a person's records or updating relatives regularly with reports of a person's progress.
- People moving on from the service was planned well in advance wherever possible, and was based on people's wishes, preferences and ambitions. The service worked with people's families to ensure people were aware of any upcoming changes and were supported with their anxiety or concerns about big changes in their life through social stories and timelines for any changes.
- People had care plans for any hospital admission and in managing their physical health needs. This supported them when accessing other healthcare services, to ensure people were supported to express their views and had information about their needs available. Staff supported people should they need to stay in hospital to support other healthcare professionals to communicate with them more easily and to reduce their anxiety.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a particularly good understanding of mental capacity and how to promote choice. People had freedoms in their everyday lives and staff understood how to support people to make choices where they otherwise may not be able to. Staff understood how people communicated their wishes and supported them to reduce any barriers to them being able to make choices for themselves.
- Capacity to consent was assessed for particular decisions and was re-visited regularly. People were supported to gain knowledge and understanding so that they developed capacity to consent for themselves, such as relating to relationships, money or their medicines. People had been enrolled on a variety of courses to develop this knowledge and understanding, which was re-visited by staff with them regularly. For example, people had been supported to gain knowledge of their medicines, managing money, sexual safety and relationships, keeping themselves safe from abuse or exploitation to enable them to be more involved in making decisions related to their independence and support.
- Staff understood that people's capacity to consent could vary from moment-to-moment. Their support

plans reflected signs the person was able to make decisions and signs that they were not, and what decisions had been or could be made in their best interest. Staff understood how to balance upholding people's rights to refuse and their safety and dignity.

- The service constantly reviewed any restrictions placed on people, such as the number of staff needed to support them or whether people were able to go into the community, based on their current risk. Any restrictions were minimised wherever possible and were time-limited to have minimal impact on people's freedoms.
- Applications had been made where people were subject to limitations on their freedoms under the deprivation of liberty safeguards (DoLS) and the service ensured. Where there were any changes, they updated the relevant authority. The service undertook regular audits of the premises and arrangements in place to ensure these were least restrictive.

Staff support: induction, training, skills and experience

- The management team recognised the importance of having the right staff in place to support people and how this impacted on people's experience. People were actively involved in recruitment of staff and their views would impact hiring decisions. The interview process included a practical section involving people where they could then feedback about the candidate. Recruiting managers would observe the candidate to ensure people were comfortable with them. Staff views had been sought in the recruitment of the new manager and, where staff felt the candidates were not right for the home, the service had extended recruitment to get the right person.
- New staff were subject to a six-month probation with regular reviews of their performance and development. This was reviewed at two weeks, four weeks, three months and six months to ensure staff were settling in well, to offer feedback and support and review any training needs.
- Staff were supported to develop a wide range of skills and understanding based on people's complex needs. The provider offered a range of training in a combination of e-learning and face-to-face sessions based on the training subject and on staff need. Staff fed back positively about the training and support they received and felt confident in their skills to support people. Staff told us they were given more time and support to complete training if, for example, English wasn't their first language.
- It was evident from how staff interacted with people and supported them that they were highly skilled and understood people's individual needs well. Staff were supported through supervision to focus on their progression through skills and experience and seeking internal and external training.
- The leadership team recognised the need for continuing development of skills, competence and knowledge is integral to ensuring high-quality care and support. Staff had regular appraisals which focussed on how staff reflected the values of the service and on personal development. There were development opportunities within the home and across the services run by the provider. The managers were proactive in supporting staff to seek further skills, training and development opportunities.
- Staff told us they felt supported and encouraged to learn new skills and apply for more senior positions. Staff were positive about their colleagues and the way the team worked together. One member of staff told us, "All of the staff are supporting me, they know I am new in the role and they check if I'm ok. [The deputy manager] and [positive support co-ordinator] check up on me, offer to show me things, talk me through it."
- The service was looking at how training provided to staff could be provided in an accessible format to people so that they understood what was expected of staff. The service had developed their safeguarding training package into an easy read, interactive format and were going through this regularly with people to help them protect themselves and others by understanding what abuse or exploitation looked like. The service was reviewing this with feedback from people.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on the importance of eating and drinking well which evidenced positive

outcomes for people. The service had a dedicated cook, who supported people to maintain a healthy and varied diet and in learning cooking skills. The cook explored different food options with people to give them choice and get them to try new things. They also supported cooking as a sensory activity with people.

- Staff were mindful of people's cultural and dietary needs and their personal preferences around food. One person had specific dietary needs and preferences. Their family had been involved in creating their eating and drinking support plan. Staff balanced the person's best interest and planned support, their family's preferences and their expressed wishes in the moment to ensure they were not unduly restrictive. The service kept the family up to date with their food choices and where this had deviated from their support plan. The cook developed a wide-ranging meal plan to meet their dietary preferences and restrictions which was healthy, nutritious and appetising.
- Some people struggled to maintain a healthy weight. Where needed, staff worked with people to inform them about healthier options and to learn about nutrition in a way they understood. People were supported to choose items they liked for 'healthy snack boxes' with lower calorie alternatives. They were supported to balance food with exercise and activity.
- One person struggled to put on or maintain weight. The cook and other staff understood how to fortify their diet to increase their calorie intake. They discussed with staff times the person would eat more or less and identified that they would eat more if they ate in a quiet area of the home. Staff ensured they were not disrupted while eating and adapted their routines and the environment to minimise any noise or distraction.

Adapting service, design, decoration to meet people's needs

- The design of the service was highly suited to people's needs and was maintained to a high standard with décor and furnishings reflective of people's wishes and preferences. Each person had an 'annexe' made up of a bedroom, bathroom and living room. This enabled people to have privacy and a quiet space which was their own, which was particularly helpful for the high levels of need of the people living there.
- One person had been supported to develop further life skills and the service had installed a kitchenette in their annexe to promote their independence and work towards living in the community. Another person had been given external access to their annexe so that they had more privacy and independence from the rest of the household which reflected their wishes and ambitions.
- There was a sensory and activities room which people used regularly, and particularly benefitted those that were less able to participate in group activities in the community. People's rooms were completely individualised, and staff used pictures, colour samples, non-verbal signs from people to understand their preferences, so that these were reflected in the décor of their space. People had pictures from recent activities and their loved ones displayed.
- The service had taken an imaginative and sensitive approach to one person's room. They had experienced a number of injuries from their seizures, so the service managers had supported the person to pick out softer furnishings. The service had supported them to get a plush headboard, reduced sharp corners and bought a soft foam puzzle mat to reduce injuries in their room without reducing their dignity or personal expression in the décor of their room.
- The service had implemented a number of improvements to the garden since the last inspection which were led by people and staff. The service had developed a sensory garden and area for growing vegetables. One person had helped with painting and people chose which vegetables to grow with staff and were supported to plant, water and pick the vegetables and enter them in a competition held by the provider.
- Equipment was used, such as epilepsy alarms, to give people privacy and independence wherever possible, while keeping them safe. The service helped people to use tablet devices and other technology for activities, to meet their communication needs and to keep in touch with relatives.

Supporting people to live healthier lives, access healthcare services and support

- There were excellent links with local and national healthcare providers to ensure people had access to services which could support their complex health needs. The service was proactive in seeking support and regularly engaging with other healthcare professionals and ensured people had regular check-up and reviews, such as with their GP, dentist and optician.
- The service had champion roles which enabled staff to develop in depth knowledge and lead responsibilities in areas of people's needs to help achieve positive outcomes. This included an epilepsy champion who had in depth knowledge of types of seizure and helped staff identify and record seizures accurately to support other professionals to monitor and manage their epilepsy. This was particularly useful as people living at Sansa House had complex epilepsy. The service was expanding knowledge and support of people's medicines through the development of a medication champion role. The aim was to further support the development of staff knowledge and support the management of medicines, how they affected people and interacted to impact people's quality of life.
- The service had a dedicated positive support co-ordinator. The positive support co-ordinators linked across the provider's services to share learning and best practice. They played a lead role in reviewing people's behaviour support plans and the approach with staff who worked with them to evaluate what worked well, to try new approaches and monitor their success.
- The positive support co-ordinator for Sansa House had strong links with leaders in the field and implemented new research in the home. This included implementing "flow activities" for people with autistic spectrum disorder, which were activities which held focus and supported a reduction in their anxiety. These were being incorporated into people's support plans based on their interests.
- The positive support co-ordinator had a detailed knowledge and understanding of medicines used for people's mood, behaviours and for epilepsy. They worked with people's neurologists and epilepsy nurses to ensure their medicines were optimised.
- The service subscribed to the STOMP campaign – to stop overmedicating people with a learning disability and had successfully worked with people's medical teams to reduce some of their medications which may have a sedative effect.
- The home carried out detailed monitoring of people's mood, any behaviours they exhibited and analysed 'antecedents' (events leading to a behaviour) to enable them to evaluate the impact of any change in approach. This also allowed them to effectively identify triggers and other factors which affected people and adapt their care and support to minimise them. Records showed people were supported effectively, which helped reduce the frequency and length of episodes of distress. This enabled them to participate in more activities, develop new skills and have an improved quality of life.
- Staff were aware of people's individual goals and aims related to their health, such as managing their weight and fitness, monitoring key health indicators related to their conditions or medicines. People were supported to understand the link between physical activity, a healthy diet and mental wellbeing.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has maintained this rating. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- The service was outstanding in their ability to gain people's views and support them to have information and tools to understand and communicate their wishes. The service used a range of tools to communicate information to people based on their needs, such as social stories, pictorial cues and easy-to-read versions of information. These alternatives were used effectively and consistently with people which supported them to understand and process information. One professional told us, "[Person] was supported in a really sensitive way to engage with us and get his thoughts over. I hope you have had the opportunity to see them work together because they are so in tune and work seamlessly."
- Staff had training and were skilled in using Makaton. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties. The service had Makaton guides and a "word of the week" displayed in the home which was suggested by people or staff, to help people and staff learn more words. Staff taught and encouraged people to use Makaton signs, as well as words, to increase their ability to express their views and needs to staff and their friends and families.
- The staff team were particularly skilled at exploring and resolving conflict and managing differing views to ensure people's best interests were followed and their opinions and views were held in highest regard.
- The service was mindful of people moving from younger people's services and from living with their family and how the role of their family members changed as the person became more independent. The service worked to involve families with people's care reviews and adapted their approach to make families feel more comfortable while respecting people's rights to make decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- Promoting dignity and independence was at the heart of the service's values and was reflected in the approach and focus of all staff in how they worked with people. People were valued as individuals and their qualities and achievements were celebrated. A professional told us, "Time and time again [person] had spoken about things he has achieved or participated in and it appears that he is receiving above exceptional care."
- People were supported to gain independence skills and qualifications through various accredited courses. One person had undertaken training to learn about their medicines so that they could witness and sign their medicines administration chart. They had also undertaken a money skills course and staff were practicing and re-enforcing their learning each day. Whenever the person went out and needed money staff would encourage them to count what they needed, use a calculator and check the money log. Their goal was to live on their own and staff were helping them to break down steps to help them achieve this.
- Two people in the home had been enrolled on a relationship course. One person had completed the

course and was going to follow-up coffee mornings. The course taught people about relationships, consent and sex. The person told us that the course had given them the confidence to ask someone out and they were now in a relationship.

- Another person had enrolled in the course after starting a new relationship so that staff could help them better understand their boundaries. Staff had considered their privacy when spending time with their partner and balancing that with their safety.
- One person had experienced difficulty in maintaining their personal hygiene and following a change in their medicines, they went through a period of time where they would not change or allow staff to launder their clothes. The positive support co-ordinator did a sensory exercise with fragrance boxes and used these to help the person accept changes of clothes and personal care with less distress. Staff celebrated when the person felt comfortable enough to have a shower supported by them, they told us, "It was like a party, we were so proud, we had a smoothie to celebrate with [the person]."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with exceptional kindness and compassion. Staff were gentle, patient and cheerful which visibly lifted people's moods. There was a visible positive, person-centred culture and staff adapted their approach, body language and tone of voice to each individual. Staff demonstrated a genuine empathy for people and passion for their job.
- People and their relatives told us staff were kind and supportive. One person told us, "All the staff are really nice. They are really good with me." One person's relative told us, "[Loved one] is happy here, he calls it home which is really good. Other places he's lived he didn't want to go back. The staff are lovely."
- Staff went above and beyond to give people positive experiences and a good quality of life. For example, one person liked to go to a local wrestling match regularly. Staff spoke with their favourite wrestler and asked if they would come to the home to meet them, which they did, bringing a gift for the person. The person showed us pictures from that day which they had printed on their wall and told us it was the "best day ever".
- Staff were encouraged to form close relationships with people and their families, built on trust, over time. People's individual histories, cultures and backgrounds were reflected in their support plans and staff were matched with people based on their approach, shared interests or other factors which meant they were well suited to work with particular individuals.
- Staff were skilled at identifying triggers of emotional distress for people and supporting them to process and cope with anxieties, change and periods of uncertainty. Staff understood when to give people comfort and when to offer support. Staff were particularly skilled at communicating with people about what was affecting them and exploring their needs and wishes, particularly relating to family and other personal relationships. For example, staff supported someone when their relationship broke down to understand what that meant, that they could focus on things which they enjoyed and how to maintain boundaries with that individual after the end of their relationship.
- One person had arrangements where they spent time with different family members. The family had needed to change their arrangements and the person struggled to manage changes in their routine. The service had created pictorial, colour coded calendars so that they could see when their next family plans were. The person referred to them if they became anxious about seeing their family. This had supported a reduction in their anxiety and behaviour which may challenge.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support and care provided by staff was highly personalised. Staff showed a highly adapted approach with each person, such as changing the types of phrases used, the tone their voice, the amount of physical contact and personal space the person preferred, based on their cultural background and previous experiences.
- Staff were supported through de-briefs and reflective practice to review how their approach had impacted on the people they supported, whether positively or negatively, and people's support plans were updated based on successful interventions and support. The service referred to the latest research and best practice in supporting people with complex behavioural needs to support them to live as full a life as possible and to reflect their wishes and preferences.
- Staff had training in equality and diversity and people's diverse needs were understood. People's different abilities were not seen as a barrier to achieving their goals or being an active member of their local community. Each person had clear goals and aims based on their wishes and including the wishes of their families, where appropriate. Goals were broken down into short and long term and staff consistently supported them to work towards them.
- For example, one person wanted to live independently in the community, staff were supporting them each day to develop and practice their life skills. Another person had interest in planes and helicopters. The home has been liaising with their family to plan for a plane trip in the future. Staff were working to practice by visiting airfields and were researching how they could practice being on a plane so that they could get used to the environment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were skilled in understanding and supporting people's communication needs to ensure they had access to information in a way they could understand. This included using 'easy-to-read' formats, using pictures and simple language, and using 'social stories' which are simplified language with symbols and figures to support people to understand the meaning.
- Staff took time to re-visit information with people and gave them time to process information before applying it in their life. Staff supported people to access education and specialist courses to gain a more detailed understanding of different topics. People had information from professionals in an accessible environment and using language and scenarios which were appropriate to them.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported by staff to maintain and develop relationships. People had access to local community groups and day services where they could meet new people, this had enabled two people within the home to form romantic relationships which were supported by staff. People were given appropriate levels of privacy, were supported to keep in touch with their loved ones and understand boundaries. This helped people to maintain healthy and sustained relationships with others.
- Staff developed strong links into the community and with the provider's other homes. The service had organised a disco club based on people's interests. Two of the people in the home would DJ for and create the music playlist. There were events at the home and people's families and friends were invited.
- Activities were varied and highly individualised. People were supported to try different activities and their records reflected whether they enjoyed the activity or not. One person could engage in activities for very short periods of time, we observed staff being extremely responsive to this and engaging whenever they began an activity and moving on when they wanted. For example, they played football for a few minutes, then the person moved on to watch videos on their tablet, then they wanted to move around the home. Staff understood their need to vary activities quickly and be led by the person's preferences.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints procedure which was available to people in an easy-to-read way. We saw that people felt confident to approach the registered manager or area manager to tell them if they were worried about something and this was responded to appropriately.
- People's relatives told us they knew how to make a complaint and we saw that any concerns or complaints were managed in line with the provider's policy.

End of life care and support

- No-one in the home was receiving end of life care at the time of the inspection.
- Advanced Care Planning was used to explore people's wishes ahead of time around their spirituality or cultural needs. These plans included their wishes and those of their families related to any decisions which may need to be made in the future should any emergency or urgent changes occur.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The approach of the provider, the management team and the staff within the service was focused on being person-centred, empowering and continuously driving improvement and achieving very positive outcomes for people living at Sansa House. One member of staff told us the best thing about working at the home was that "the focus is on people, about building their skills, helping them to do things for themselves."
- There had been a change in management within the home, however staff fed back that they had been well supported throughout this process by the area manager, who knew the service well. Staff were positive about the area manager and felt there had been very good oversight and continuity through this period.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had clear robust measures which were well embedded into the service to oversee quality and safety. Responsibilities and lead roles were delegated, and staff took their roles seriously. There was a culture of providing high quality which meant the quality of the service was maintained even throughout changes in staffing.
- Staff undertook regular audits of different aspects of care, such as medicines, health and safety or care records. This was overseen by management audits and reviews which ensured these audits were undertaken and any actions were taken in response to any identified issues, as well as checking the service first hand to ensure checks were accurate. The provider had recently implemented a 'mock CQC' review which would provide oversight from outside of the service's regular management team. This review had commenced on the day of the inspection and so was postponed.
- There were effective risk management measures in place reflecting all aspects of people's lives and the running of the service. Any new initiatives or changes were risk assessed and planned for so that the impact, positive or negative, was measured to ensure decisions were made based on detailed evidence. Staff were supported to take a positive risk management approach which promoted people's independence and enabled them to try new things in a safe way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in all aspects of care. People were involved as much as possible in reviews of their support plans and their goals were prioritised. The service had developed many tools to enable people to contribute and feedback about their support. The service had a visual experience survey which staff went

through with people. This had different faces and relevant, simple questions. If people were able, they filled this in themselves with staff support, or staff would use appropriate prompts and let people draw or indicate their views.

- There was a regular 'residents meeting' where people could feedback to staff about meals or activities, or anything else they were worried about. We saw the service responded to their feedback, for example one person wanted to try 'food from Africa' and the home had done a themed meal evening to try different dishes.
- People's families felt involved in the service and we observed staff keeping in touch with people's families through phone calls, video calls and by email. The service's care records system allowed specific family members, where appropriate, to access some information about people, such as their activities and daily life. This enabled families to review what was happening in their loved one's life and speak to the staff team if they were worried about anything.

#### Continuous learning and improving care

- The service was focussed on continuous learning and improvement. Staff felt able to suggest ideas to try and were supported to test them, getting people's feedback; such as new activities or approaches to support.
- The service implemented 'achievement days' to celebrate the accomplishments of people and staff. Each person received a photograph of their achievement and staff received awards written by their colleagues. The service displayed these on an achievement board in the home.
- The service had continued to develop communication tools to support people, including the increased use of social stories. The service had developed visual guides to help people with aspects of their life which caused them anxiety or distress, such as a laundry guide and countdown posters to activities or events.
- The service had developed training resources which included people, such as safeguarding training, and had supported people to access different courses which would grow their social and life skills.

#### Working in partnership with others

- There were strong links with people's healthcare professionals and wider network including GPs, learning disability and mental health teams, epilepsy nurses and neurologists. The service maintained good communication through regular reviews of care, with notes and actions from these meetings communicated to all involved.
- People's key workers and the positive support co-ordinator lead on prompt and proactive communication of any changes which people's network would need to know about. Professionals told us the staff kept them informed and sought their advice appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to remain open and honest when things went wrong. Staff informed and apologised to people or their relatives following any incidents that occurred and were open with the findings of any investigation or learning identified. People's relatives told us they were kept informed and up to date following any issues and the service responded appropriately.