Hampshire County Council

110 West Street Care Home

Inspection report

110 A-C West Street
Havant
Hampshire
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Tel: 02392498333

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
110 West Street is registered to provide care and accommodation to 17 people with a learning disability. It is divided into three adjoining Houses. House A and B provides more traditional residential accommodation for short term group living for people in need of an assessment or in crisis. House C comprises five flats for people who behave in a way that may challenge others. The office for the service is situated in House C. People admitted to this service were often in crisis due to their behaviours having led to police involvement or due to placements having broken down elsewhere as services were not able to provide the level of support needed.

This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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
Staff had high regard for the safety of the people they were supporting. They undertook training in safeguarding and protecting people from abuse and avoidable harm and were confident to report any concerns. People were pro-actively supported to take risks safely. There were enough staff to keep people safe and recruitment procedures checked staff were suitable to work at this service. Medicines were given safely. Communication and sharing of information between staff was very good and lessons were learnt when things went wrong.

People and their families received outstanding high-quality, person-centred care from a caring and exceptionally well-led service. People with a wide range of complex needs were supported by staff to lead full, interesting and meaningful lives. We saw that people had excellent, warm, caring relationships with the staff and enjoyed their company.

We found the culture of the service was one of empowerment for both staff and people who used the service. Without exception staff told us they were proud of what they had supported people to achieve and showed a passion for their work and the people they supported. There was a clear sense that this was embedded across the whole staff team.

Staff were extremely kind, compassionate and caring. They provided fully personalised support that focussed on what the people living in the service wanted. Staff fully understood how to support people's privacy and dignity and they encouraged people to be as independent as possible. Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service provided to people was highly personalised and responsive and focussed on making people's quality of life as good as possible and all staff were fully engaged in this process. Each person had an 'All about me' file which had been drawn up with them and provided a clear picture of everything about the person including their needs, wishes, fears and aspirations.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well-led by a highly motivated registered manager who inspired the staff team to put the people they were supporting at the heart of everything they did. The provider's values were put into practice by the staff and governance systems ensured the service provided was of the highest possible quality. People, their relatives and staff were always involved in improving all aspects of running the service and their voices were heard.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.
As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.
The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

All staff we spoke with demonstrated the vision and values of the service which are to enable people to live their lives at their optimum level, through a person-centred approach where positive risk taking is promoted.
Innovative and inclusive management systems were in place to put people at the heart of the service with opportunities for all people involved to voice their opinions and suggestions.

The registered manager had recently taken up her position but had previously been the deputy manager for the service, they were instrumental on the last inspection to lead the service to an outstanding rating. At this inspection the registered manager and service manager demonstrated their commitment to delivering high-quality care and their commitment to develop the service. The service was well-led. The registered manager, management team and staff were extremely open to hearing feedback on the service and acted immediately to correct any issue identified. There was an open, caring culture and all staff were passionate about their work.
Everyone told us, this culture emanated from the registered manager and service manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Outstanding (published 09 March 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our responsive findings below.

110 West Street Care Home

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
110 West Street 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with eleven members of staff including the service manager, registered manager, deputy manager, senior care workers, care workers and the domestic and maintenance staff.

We reviewed a range of records. This included four people's care records and seven medicine records. We looked at four 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 quality assurance records.

Good

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

- People we spoke with expressed how safe they felt with support from staff. Comments included, "They are brilliant, I don't know what I would do without them they have helped me so much." One relative told us, "I feel confident my relative is safe and well cared for at the service, when I visit they tell me they feel comfortable and relaxed and safe and secure."
- A relative told us," I feel confident that the manager and staff inform me of incidents that occur no matter how minor they are, I am always informed, if I have any concerns I speak to the manager or staff on duty."
- The registered manager had high regard for the safety of all the people supported by the service. They kept the staff team fully up to date with research and new ideas relating to best practice. Staff were skilled at recognising risk of harm and signs of abuse. They had received training in safeguarding, staff were confident about what they would report and to whom. Staff had also undertaken training in a wide range of topics so that they could recognise if people were at risk. This included neglect, and people who lack a voice.
- Staff had discussed safeguarding with people. Some people needed special supervision in the community, or in specific situations, or around particular groups of people to keep themselves and other people safe. People were aware of their risk assessments and how staff would support them to reduce the risk of potential safeguarding matters or harm.
- The registered manager reported safeguarding issues to the local authority, and records confirmed this.

Assessing risk, safety monitoring and management

- Staff took a pro-active approach to assessing and managing risks. They ensured they provided the safest possible service to every person they supported. They discussed ideas on how to promote people's safety and updated care records with the revised assessments and guidelines for staff.
- The risks to people living at the service were managed by risk assessment, each person had a detailed risk assessment in place this had been updated when anything changed and reviewed monthly. One person's risk assessment contained information about how risk factors changed when they were away from the service and included information for staff on how to minimise these risks.
- The provider had a well-developed assessment tool to use when they assessed people's needs before they started using the service. This included identifying what risks were involved and measures needed to ensure people's needs were met safely.
- Staff gave us examples of how staff enabled people to take positive risks and do what they wanted to, while keeping them safe. For example, one person enjoyed going swimming with their support staff, due to a medical condition the person had requested when staff support them staff must swim alongside them and must inform the lifeguard of their medical condition. This meant the person would be kept safe if their

medical condition suddenly deteriorated. People's relatives were involved appropriately in decisions about positive risk-taking.

● The service has promoted the use of technology to manage risk and promote independence - Epilepsy mats for those with epilepsy, water proof falls monitors which enable service users to bath and shower independently where there is a risk of seizure, this gives the service user privacy and dignity as a staff member doesn't need to be present whilst they bath.

● People's relatives were involved in decisions about positive risk-taking. Staff encouraged people to learn new skills safely. For example, one staff member taught one person to use the bus independently by initially traveling with the person to build their confidence and providing them with a mobile phone which had a GPS tracker and emergency call button which support service users with independent community access, should they become anxious. Following a period of support the person is now independent in local travel. Another member of staff taught people to do their own laundry, by showing them and teaching them in stages.

● When people wanted a, new experience staff spent time researching the activity/area/venue, to make sure it was suitable and safe. Staff told us if there were any doubts they would discuss with their manager and do whatever they could to make it a safe experience. They said, "We do our best to do what people want."

● A maintenance person had recently been employed by the service to carry out minor repairs and monitor the environment and safety of equipment for example, records of electrical safety testing, water temperature checks, gas safety certification. Maintenance records were viewed, and issues signed off when completed.

● The Service had a recovery plan which includes details of an alternative site which could be used in the event of a serious incident which renders the property unsafe, there were detailed personal emergency evacuation plans for all service users which outline their mobility, communication and health needs.

Staffing and recruitment

● Staff assured us there were always enough staff to provide the service each person needed, including during times of staff leave.

● The provider's robust recruitment policy ensured as far as possible new staff were suitable to work with people living at the service. The registered manager made the required checks, such as references and a criminal record check through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. A member of staff said, "I had to wait for references and a DBS before I could start work."

● Staff told us if they complained to the manager, they felt their complaint would be dealt with immediately, at this inspection no complaints had been registered against staff.

Using medicines safely

● People received their medicines from staff who had completed medication training.

● Staff had their competency checked annually to ensure they continued to have the required knowledge to give medicines safely.

● The home had policy and procedures in place for medication that was followed by staff, these included ordering, administration, storing and disposal of medicines.

● People that were prescribed medicines when needed, had 'as required' protocols in place to guide staff in their use.

● One person required complex administration of medicines, the registered manager had implemented additional safety measures by restricting access to the persons room when medicines were being dispensed. Staff said, "This is important because the person requires multiple medicines at set times of the day and night and we really need to concentrate when dealing with this person's medicines, it works very well as we have no interruptions."

Preventing and controlling infection

● Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. Staff used personal protective equipment such as gloves and aprons to protect people from the spread of infection.

● Two people showed us their rooms and described how they were encouraged to be involved in helping to keep their rooms and the home clean and tidy.

● The service was clean and tidy throughout we spoke with a domestic staff member who told us they had received training in infection control and they were responsible for cleaning communal areas of the service and corridors they said, "People in the service have a responsibility to keep their room tidy however sometimes they do ask me for help and I do help them, I get on very well with all the people living here."

Learning lessons when things go wrong

● The registered manager was clearly committed to identifying improvement within service provision. Incidents and accidents had been recorded and documented. This culture was shared amongst the staff who used trend analysis documentation and recording charts to ensure patterns or trends were identified and discussed as part of weekly meetings.

● The service manager and registered manager had oversight of all incidents and accidents occurring in the service and closely monitored corrective measures to ensure the risk of the same happening again was reduced. Actions were always signed off by the service manager when completed

Good

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 Outstanding. At this inspection this key question is good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● There was a holistic approach to assessing, planning and delivering care and support. People's assessments and care plans were highly personalised and unique to the person to make sure staff had the best information to care and support them in their preferred way. For example, one person who had a long history of complex rituals and behaviours had a care plan that included a detailed description of their behaviour patterns and their meanings. This enabled staff to support the person to achieve positive outcomes.

● The registered manager ensured that people were actively involved in deciding which staff they wanted to support them. On the first day of the inspection people who lived at the service were interviewing candidates to work at the service. We later heard the registered manager asking people how they felt about the candidates, feedback from people at the service was positive. One person said," I have two interviews to do today it makes us feel we have a choice in who supports us."

● Staff had received equality and diversity training and were highly skilled at supporting people to live their lives as they wished. This included consideration of their gender, age, sexual orientation and disability. Staff also worked proactively with family members to help them understand people's rights and wishes.

Staff support: induction, training, skills and experience

● Staff received highly effective and comprehensive training to enable them to support people effectively. New staff completed an eight-day induction over a four-week period and a three-day SCIP (Strategies for crisis intervention and prevention) course before starting work at the service Staff told us the training had given them confidence to deal with people who presented with complex needs, it allowed them to adapt their approach and to de-escalate situation. On day one of the inspection we saw staff using deescalating training when a person's behaviour was becoming unsafe by using these techniques staff soon got the situation under control and the person who we saw later was calm and relaxed occupied with staff doing activities.

● The RM is a trained PROACT SCIP instructor. This enabled person-centred positive behaviours plans to be developed with the staff and people using the service as required. Staff were then taught individual, person centred physical interventions ensuring that people were supported in the most personal and least restrictive way.

● New staff were also given time to understand people's complex care needs before working in the service. An agency worker told us, "I have been programmed in to attend the service today to read through the care plans and risk assessments before I actually start working in the service." This enabled the agency staff to be

effective in their work when caring for people with complex care needs, people in the service told us they had developed good relationships with staff, and it was important to them to have staff who knew about their needs and how to support them when they felt uneasy.

● The management team placed a strong emphasis on staff training and development. One staff member said, "The training is amazing. We had an intensive induction period although I had worked in care for a long time. The training is very good and gives you a proper understanding of what I have to do."

● In addition to the provider's mandatory training, such as safeguarding, fire safety and first aid, training was also provided to instruct staff in using the 'All about me' document in people's care plans. This is key information about a person's lifestyle, and backgrounds. This was an innovative and highly effective way of promoting a person-centred approach to give people a voice in their care, the service manager had decided to roll this out to their other services.

● Staff are trained in detailed autism, dementia, diabetes and mental health awareness as well as condition specific training such as borderline personality disorder.

● The service has an MCA and DOL's champion, Medication and Infection control/Health and safety leads. These ensure the effectiveness in all training and monitoring in these areas. staff told us the champion were a useful source of information and the champions ensured staff were kept up to date with changes that effected their work. One member of staff said, "it is really good to have people who have knowledge in certain subjects to go to when I have a question, or I need some help."

● Healthcare professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided. One professional told us, "The staff team as a whole have taken on board initiatives set out by us but more importantly have developed their own care plans which have been excellent."

● People benefitted from staff who demonstrated exceptional knowledge and understanding of people's needs, behaviours, feelings and health conditions and described how their training helped them support people more effectively.

● Staff told us they felt very well supported in their roles. Each new staff member was allocated a mentor to help them adopt to the culture and standards of the service. We observed new staff supporting people confidently and effectively, in line with people's support plans. It was clear that this method had ensured the values and ethos of the service were lived by all staff, People benefitted from a consistent work force that followed the same high standards and vision to ensure people living at the service were listened to and had a voice and a future to enable them to lead a meaningful life.

● Staff told us the mentorship programme had helped them "tremendously" and expressed a strong commitment to continual support for one another. A staff member said, "This welcoming is something we ensure every [staff member] receives when they come as a new staff member, bank or agency."

● Staff were also supported through regular supervision sessions and annual appraisals. Supervisions and appraisals were detailed, thorough and encouraged staff to reflect on their roles. Agency and bank staff also had supervision sessions to help them feel part of the team and to identify any development needs.

● After incidents with people that staff had found challenging, they were given the opportunity to take a break and to debrief the incident with a manager. This allowed for an immediate period of reflection and to learn from the incident which ensured that the support people received was continually reviewed. Staff told us the support they received from managers was "invaluable".

● The registered manager told us the support systems had helped staff retention, the staff team had remained stable for the past 6 month which had led to improved outcomes and continuity of care for people.

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

● People planned the meals they wanted for the week ahead and the menu was displayed in the kitchen. Photographs of different foods were available to help people decide what meals they may want, together

with easy to understand information to promote healthy choices.
● People's religious or cultural diets were respected. Staff supported people to purchase food that respected their wishes and beliefs.
● People were relaxed in the kitchen and could help themselves to food and drinks. Some people chose to help with their food preparation, which staff encouraged to promote independence. One person told us, "At one time I used to be frightened to use the kitchen and to make drinks but now, when people come to visit me, I feel confident in making drinks and some snacks. Staff here have been wonderful in helping me do things for myself."
● Innovative methods and positive staff relationships were used to support people who had difficulty eating and drinking. For example, for a person at significant risk of losing weight, staff had worked with multiple health professionals to devise an effective nutritional plan to meet the person's needs. The plan was complex and had taken considerable time and creativity to develop the plan included textures on the food, presentation, timing of the meal, environment food to be eaten in.
● People's weights were monitored as required, and people were referred to the dietician if there was any significant weight loss or gain.

Staff working with other agencies to provide consistent, effective, timely care
● The provider had developed many excellent relationships with health and social care professionals, the fire service, police and the voluntary sector to help ensure people's complex needs were met this involved establishing protocols with the police should people be absent from the home.
● We received very positive feedback from the healthcare professionals about the staff's skills, knowledge and understanding of people. They also commented on the staff's commitment to follow through on advice and plans, and to make timely referrals.
● Staff recognised when people need support from specialists, including the intensive support team and behavioural specialists. One person had suffered a recent bereavement which had affected them significantly. Staff arranged bereavement counselling for the person, and this contributed to a significant improvement in the person's well-being.
● The registered manager described how they worked closely with employment agencies the registered manager had meetings with employment agencies to access employment opportunities for people. The registered manager told us that her aim was to have people in paid employment which benefits them to have control of their finances and is an opening to work with people in financial planning and control. One person, who was working at a local pub told us, "I love my job, it gives me independence and I get to know people in the community, it allows me to buy things that I want and makes me feel good I have earned the money I am spending." Another person told us they had recently started some work litter picking at a local park and were hoping to gain paid employment soon.

Adapting service, design, decoration to meet people's needs
● The management were innovative in their approach to creating tailor made facilities for people. For example, for one person their anxiety about being overlooked made it extremely important for them to feel that they lived in their own home, rather than in a residential service with others. Structural changes had been made to one building to give the appearance of an independent house. Staff made a point of not talking about other parts of the service to help the person feel it was their own home and staff. Some windows had also been frosted to reduce the level of anxiety the person felt when people walked or drove past. The arrangement supported the person's needs and enabled them to live as independently and safely as possible.
● One person told us that outdoor space was really important to them, so they had worked with maintenance staff to create a more relaxed garden. They had made the shed look like a beach hut. The person told us they were "very pleased" with their achievements and other people told us how they had

enjoyed relaxing in the garden over the summer.
● The environment was planned to maximise people's privacy and independence. People had their own private spaces and there were ample communal areas to allow them to spend time with other people if they chose to.
● The service referred people to occupational therapists where there were mobility or visual impairments effecting mobility. Recommendations were implemented, for example low level high back chairs and purpose made headboards to protect people's heads for people who throw themselves on the bed or onto chairs.
● People told us they felt very comfortable and at home and they felt that the service had been made to look like a proper home, one person said, "It is just like being at home I come in after work some days with a takeaway meal and relax on the sofa, watch TV and eat my meal."

Supporting people to live healthier lives, access healthcare services and support
● Relatives confirmed people's health needs were well met. Relatives told us, "They [staff] are very good about picking up on health, they deal with it and keep me updated. If I spot something and raise it. They are normally aware of it already" and "They are excellent. Any health concerns they are straight on to the Doctor and they contact me."
● Staff involved other healthcare professionals and supported people to access these when needed.
● Health plans identified people's specific medical conditions, including diabetes and epilepsy, and staff received specific training to ensure that people received up to date appropriate support in line with best practice guidance
● The service was very aware of the specific needs of each person using the service. The registered manager had positively challenged health care professionals around the support a person needed when they needed to stay in hospital. One to one support was provided by the service for the duration of a stay in hospital for one person to ensure the person's social care needs were met as well as their health care, the person had significant health and social care needs and a change in environment and staff would have resulted in a decline in behaviours. The registered manager mitigated these behaviour changes by supporting the person in the hospital environment which resulted in a good outcome for the person. An independent mental capacity advocate had also been provided to ensure the person was well supported to make appropriate decisions.
● Following on from their hospital stay, the service had worked in partnership with the person and with health care professionals to develop very descriptive specific care plans. These detailed how to support the person to manage ongoing health conditions, signs and symptoms to look out for and action to be taken. This made the person feel very involved and in control of managing their health and supported their independence.

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 been trained in the MCA and had a good understanding of making decisions in people's best interests.
● People's records included a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions, for example using body language or other forms of communication.
● Relatives told us they were fully involved in helping people make decisions about their care and treatment and felt their contributions were valued. Staff supported people to make choices about their day-to-day care and it was evident they respected and acted upon people's decisions.
● Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision with professionals, advocates and people of importance to the person.
● For people who had reduced capacity, every effort was made to support the person to make decisions. By using the right approach, time and communication aid staff had supported one person to have more say about their care and treatment. Staff then supported the person to do this in meetings with health or social care professionals. This showed people's human rights were given the highest regard.
● When people displayed behaviours that put themselves or others at risk, they were supported in the least restrictive way, as set out in their care plans. One person had a physical intervention plan in place, as a last resort, but this had not been used.
● Staff reviewed restrictive practices regularly, and supported people to reduce these where possible. There had been significant progress in removing restrictions for some people that had been in place prior to them moving to 110 West Street. For example, staff had worked with one person to support them to travel safely in a car, using only a standard seat belt. The removal of a more restrictive belt had been achieved by staff building the person's confidence and increasing their autonomy.

Good

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 is good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke extremely positively about the staff, and their support experience in general. We received a range of comments including; "They are absolutely amazing staff. I really don't know where I would be right now without them." "The staff have made me feel exceptionally welcome here." Another person said, "They have changed my life. I can't even single a person out, they all just bring their own skills and personalities." We spoke to a person's relative they said, "It is just so reassuring for us as a family to have them there. They have really made a difference to [person]."
- Our conversations with staff demonstrated they were highly motivated and committed to treating people with compassion, empathy and respect. We spent time talking to staff who spoke enthusiastically about the people they supported and how they felt they make a difference. One staff member said, "Your heart has to be in it and the drive to improve people's lives."
- Staff worked in partnership with people to achieve goals people had set themselves. For example, we met a person in the front entrance who had achieved one of their personal goals. Staff had worked on building the persons confidence to allow them to go for a walk themselves. After many escorted trips out, today the person told staff they were going for a walk by themselves for the first time. On return it was evident by the great joy and expression on the persons face they had achieved this, the person was very happy to tell us about the trip out which involved crossing a road to get to the park, they said, "This is the first time I have been out alone, and I did it, I really did it." Staff showed recognition and praise for the persons achievements.
- Staff were extremely positive about their work, and they spoke about people with great empathy and kindness. They also showed an interest in people's wellbeing. Staff described looking forward to coming to work because it felt like just spending the day with family. One staff member said, "I like it here, it's like a family. It feels homely and it doesn't feel like coming to work at all."
- People were given the opportunity to make choices and be involved in the day to day planning of their care. Staff used communication methods unique to each person understood to help them make decisions and participate in planning their care. For example, one person put together their plan for each day by writing it on a board.

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

- The organisation excelled at supporting people to express their views and wishes, and to be involved in their support right from the start.

● There were creative ideas and documentation shared amongst staff and managers around how people could be further included. We saw sensitive examples of success stories where staff had researched various support groups and advocacy to help people accept themselves and embrace who they are. Staff had supported people with confidence in order for them to make choices around their lives. The continual review and reflection made sure that the principles behind the successes were applied to every person who used the service.
● People at the service had an advocate or are offered a referral to advocacy. This ensured their views about their care and support and move on accommodation were heard and taken into consideration.
● People's privacy and decisions were treated with the upmost care and respect. Staff supported people to maintain their privacy by not sharing sensitive information. One staff member said, "If people trust us enough to be part of intimate journeys in their life, there is no way we would break their trust. It would just be unheard of here."
● Private and confidential information was stored and protected in line with GDPR regulations and there was a contract in place to destroy confidential waste. Information was not unnecessarily shared with others.

Respecting and promoting people's privacy, dignity and independence
● Staff were flexible and adapted their support as people's needs changed. For example, circumstances for one person had changed and they wanted to move to supported living. Staff took steps to make this possible, by supporting the person to self-medicate, manage daily living tasks independently. staff maintained a consistent approach in their support to this person to help them to understand how it would be for them when they were living independently with support at set times of the day. This included an approach where staff would not intervene if the person had the ability to do things for themselves. This meant that they had the confidence to manage many tasks for themselves before they moved,
● One person wanted to spend more time without staff support. They were given a timer which staff set for short periods in which the person remained in the flat independently. Gradually the periods of time the person remained alone were increased. Staff waited outside the door to support the person should they become anxious and slowly the persons reliance on staff was reducing. Staff worked in partnership with the social worker to make this person's aim of independent living a reality.
● At the time of the inspection one person was preparing to move onto supported living. Staff from their new service had been shadowing staff at West Street when caring for the person. The person also had several visits to their move on placement to get to know the other residents. This meant that the person was familiar with both the staff who would be supporting them and the people they would be sharing a house with, so relationship building had already started which was hoped would make the transition a success. One person said, "I am looking forward to moving I have met the staff that will support me and the person I will be living with, I feel happy I already know the new staff that has helped as I was worried."
● Staff described how they encouraged people's privacy and dignity, particularly for those people living in houses of multiple occupancy. One staff member discussed how they supported people to keep personal items in their rooms, and why it was important for each person to do their own washing and ironing. One staff member said, "It is so important to them that the house is just like a normal house you would share with your mates. As a staff team, we all have the same values."
● Support plans were written in a way which put the person in control. People knew exactly what they wanted from the support, and staff took direction from them with regards to their daily choices. For instance, family contact was very important for one person, however finding times when they and the family could meet was challenging. Staff had responded creatively using a variety of different shift patterns to ensure the person maintained regular contact with their families. The registered manager told us, "We can't support people with the most important aspects of their lives during a nine to five job. Families work as well, and we need to be flexible." This meant the person continued a normal relationship with their family.
● A relative said "I do worry sometimes about my relative however since being at West Street I can see how

my relative's life has improved and how they have become more independent."

Good

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 Outstanding. At this inspection this key question is good.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a strongly embedded culture of putting people at the centre of their care, ensuring choices and preferences were explored, discussed and respected at all times. In addition, people received support and encouragement to achieve goals which had a strong impact on quality of life and health. For example, one person expressed their wish to help around the service with minor maintenance in order to develop their skills and feel valued. The maintenance person told us they were happy to work with people living in the home who wanted to feel involved. They told us, "It is wonderful to see people coming to the service in crisis and slowly see how the staff manage to support them and give them confidence to achieve better lives, I think the staff care for each person with exceptional care and understanding."
- People's preferred personal care routines had been detailed which incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated and things that would make them anxious. People had positive support and behavioural strategies in place. These plans detailed what made the person happy and how they showed this. Staff followed guidance within the care plans when supporting or communicating with people. This meant staff were aware of how they should support people in a positive way.
- The registered manager told us the 'All about me' had been developed by them and the service manager to make sure they had documentation which met the needs of the people who used the service. The level of detail and the presentation of information meant the person's personality, aspirations and goals shone from the page and gave the reader a clear sense of the person. This demonstrated a committed and proactive way of making sure people were involved in their care and support planning and felt involved and valued. Goals identified in the plan were recorded so the person had a record of how far they had come and what they had managed to achieve this built on a pathway in the person's ability to achieve independency for example some goals included financial matters, using public transport, shopping, accessing health services.
- People were fully involved in all aspects of their care and people felt consulted, empowered and valued. For example, the registered manager completed a very comprehensive assessment before people went to live at the service which people and their relatives were fully involved in. People told us the manager visited them before they came to the service and made arrangement for things to be in the room before they arrived for example sensor alarms.
- Staff made every attempt to ensure people settled into the home and to reduce any anxieties they may have. People were encouraged to personalise their rooms to make them more familiar to them.
- The registered manager and staff used person centred ways to provide people with the support they

needed, ensuring they received high quality care. For example, one person told us they particularly liked a bubble bath every evening at a certain time to ensure they were ready to watch the soaps on television. The registered manager told us if the persons routine was broken this would affect their behaviour adversely, staff sticking to the persons own routine benefitted them as they remained relaxed and coordinated.

● Staff had an in-depth understanding of people's past lives, their interests and preferences, which they showed in their daily interactions with people. Staff told us that knowing something of the life story of a person could help them to engage in a meaningful and interesting way. We heard staff talking to people about their favourite music and putting it on for them to listen to. We also heard them discussing sports with one person who had a particular interest in football, in communal areas we heard people discussing their move to be supported living and how they were planning what bills they needed to pay.

● A healthcare professional commented, "There is a team leader for every unit. They know the patients very well. I do trust them, I can make decisions over the phone because of that and I am confident my advice would be followed."

● The registered manager told us about a person who was high risk due to wanting to show staff how fast they could run or hiding and running across roads. The person was doing activities in the community and staff were keeping them safe, however, staff felt this wasn't enough and it didn't reflect a fulfilled life. Staff did lots of work with the person around being safe in the community and developed something called "person's Safe Chart", this was around safe walking, safe waiting and safe listening in the community. The concept was the person would get a token for doing each of the following -safe walking, safe waiting, safe listening and if they got two out of three tokens whilst out, they could have something from their surprise box when they returned to West Street. The surprise box had things staff knew the person would love and would want.

● Staff developed a social story, telling people what may happen to them if they ran from staff across roads, and how they could stay safe in the community. The pictures in the social story were of cartoon characters with the person's head on them as staff wanted them to relate to the pictures, this was effective for one person as their behaviour positively changed and the person no longer attempted to run away or across road.

● The service is split into 3 houses and each house has a senior residential services officer that oversees each house. They are responsible for co-ordinating the care and support for the service users within that house. They are also the main point of contact for families and professionals as this ensures consistency and that important information is shared as required. Each service user has a key worker and where possible skills and personalities are matched.

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.

● People were supported by a staff team who were confident in various communication methods. All staff that worked with one person had learnt to finger spell before the person moved into the service so that they were able to communicate with them effectively. Other examples of communication methods were used throughout the service such as Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. It supports the development of essential communication skills such as attention and listening, comprehension, memory, recall and organization of language and expression.

● Staff told us the provider was very receptive in providing aids to help communication with people. This included hearing aid amplifiers, computer devices, mobile phones, alarms, signage and easy read materials.

● When people had difficulty communicating, information was available in pictorial formats. People also

used electronic systems to communicate with their relatives.

● The registered manager told us one person had a love of all things French; her preferred language was French. The service produced translation chart to enable staff to finger spell in French and dual translation menu plan, so the menu was available in French and English. They were also able to translate the person's, now and next and daily planner's into French for the person and also into English so the staff had full understanding.

● The service uses social stories to help service users understand certain situations. A social story is designed for the specific person and may include things the person values and is interested in and as a learning tool to communicate information in a way the person understands. At the time of the inspection the service was supporting a service user move onto supported living, they had developed a social story with the service users to help them all understand the move. They had also developed a social story with another service user around managing their money and budgeting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People took part in a wide range of activities to meet their needs. People were fully involved with daily activities, for example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community for example, One person told us they liked sing and that they attend a recording studio on a Thursday to record their songs and then bring the recording back to the service to listen to.

● People told us that they enjoyed activities in the community that had been arranged by the management for example, bowling, keep fit, cinema and horse riding.

● Some people have behaviours that challenge and not able to participate in group activities, those people have individual activity programmes based on their likes and interests. They take into consideration the needs of the person and risk factors. People have a copy of their activity plan, it is developed in conjunction with them and is written using their preferred method of communication. This meant that people were involved in the planning of their activities and where possible understood the risks involved and how these were being managed.

● The registered manager told us people were supported to attend established day services were even if they moved out of the area. For example, one person had a taxi twice a week to take them to their day service in Romsey. This was important as the service user had established relationships in the day centre and wanted them to continue.

● The service worked with families to ensure relationships were maintained. There are often occasion where service users have moved many miles from the area they were living and have older parents that are unable to drive that distance. The staff and registered manager ensured that people were able to contact family by telephone contact, on line face time calls and travelling for home visits.

Improving care quality in response to complaints or concerns

● Staff told us how they would recognise if people who were unable to verbally communicate or were unhappy., They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.

● Relatives told us they had confidence in the management team and felt that any concerns or queries would be dealt with quickly.

● The service had recently resolved a complaint from the neighbours, the complaint was about the noise a person was making. The person had complex health needs and would vocalise quite loudly. The service worked with the neighbours to resolve the complaint whilst respecting confidentiality and did not share any details about the person with them. An air conditioning unit was purchased so that windows could be shut in the evening, but the person's flat could be temperature controlled depending on the weather.

End of life care and support

● The service was not supporting anyone at the end of their life; the people receiving support were adults normally in crisis situation and having short stays at the service.

● Policy and procedures were in place should the need arise to deliver end of life care. Staff had received training in end of life care.

Good

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 Good. At this inspection this key question has remained the same

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 service was led by an exceptionally motivated registered manager and staff team. Their commitment to providing a service that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion was exceptional.

● People experienced very positive outcomes because staff completely understood their needs and preferences. One person told us. "I cannot think of anything I'd like different. I'm very happy here and would give it the thumbs up."

● By understanding peoples life stories and knowing what was important to people, staff enabled people to overcome significant barriers and achieved positive outcomes in their lives.

● Staff and the management team assisted people to engage with professionals, commissioners and other service providers, which many times had a positive outcome for the person and their family in terms of getting the support they needed.

● Staff and people told us there was a family atmosphere and it was clear that the management and staff team shared this ethos to ensure people received person-centred care. The management team spent time with and spoke with people and their families to help them focus on people's happiness, health and wellbeing and make sure these were at the forefront of the support given.

● People and staff commented that the registered manager and service manager were always visible and worked with them. One staff member told us, "Both managers are excellent role models. They are very knowledgeable and have a lot of experience."

● There was a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems to provide a high-quality service.

● A weekly meeting attended by the management team, care staff and work force development positive behaviour support lead was held to discuss the care and support needs of the service users within the service. It is used to discuss reflect on the care and support delivered, what's going well for the service user, risk factors, incidents and transition plans. The meeting also services as an opportunity to review risk assessments and care plans to ensure they reflect the current need and make any necessary changes.

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 registered manager ensured there were robust systems in place to comply with their duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things

go wrong with care and treatment.
● Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted on.
● The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider had a robust internal quality assurance system in place which focused on positive outcomes for people. Any identified improvements were actioned in a timely way to improve people's quality of life. We found monitoring of the service to be very thorough, with both the registered manager and service manager spending time with staff and people who used the service.
● Systems in place to manage staff performance were very effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place and actions were set for staff at every supervision.
● If staff needed extra support the registered manager introduced an improvement plan where either the registered manager or the senior carer could mentor the staff in the areas in which they needed extra guidance.
● Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke with about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team. A staff member told us, "I hope you can see how well we are supported here. All the managers are just wonderful."
● A healthcare professional was very positive about the management of the home. They told us, "The registered manager and senior carers are very experienced. I trust their opinion and will often be guided by that."
● Quality assurance processes, such as audits, were instrumental in driving and maintaining standards of care to an outstanding level. Monitoring systems were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided and identify where improvements were needed.
● The management team together provided an exceptionally high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care. One staff member told us, "Their [meaning the registered and senior carers] door is always open and is amazing at listening to ideas and suggestions to improve people's lives; they are really outstanding leaders."
● The staff team embraced the registered manager's passion and the service manager's vision to ensure people's lives were enriched and meaningful.
● Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further reoccurrence.
● The registered manager ensured that CQC were notified of any incidents as required. This includes DOLS, incidents that involved the police and any allegations of abuse.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager had recently completed a research project into one of the protected characteristics. This research prompted them to review handover procedures at the service to ensure all staff were fully involved within the handover which improved staff participation. A staff member confirmed this. They told us due to this approach they felt involved and included and new communication methods

had been introduced by the management.
● The provider actively sought the views of others to drive continuous improvement at the service. Staff told us they felt valued and listened to by the management and their ideas were always considered.
● There were suggestion boxes around the service for people, visitors and staff to raise any ideas, concerns and general comments.
● People using the service were fully involved in the staff interview process which helped to ensure that the diverse needs of people were met by people they had helped choose. One person told us about their experience of interviewing. They commented to the registered manager, 'Thank you for giving me the experience of taking part in interviewing the young lady for a position here. I found it very interesting and would if asked take part again. I think this idea of us taking part was a very good idea.'.

Continuous learning and improving care
● People's, relatives and professionals' views through questionnaires, surveys, meetings and regular communications, were acted upon. For example, screening had been put up to shield the home from neighbouring properties in response to feedback from neighbouring properties.
● The culture of the service had also become more reflective. In addition to audits and surveys, the registered manager encouraged staff to reflect upon their practice and this had led to improved outcomes for people for example, staff wanted to improve their communication skills with people who use the service, arrangements were made for staff to receive training in Makaton,(BSL) British sign language this was beneficial to one person as this was their only way to communicate using BSL
● People using the service were extremely well supported to share their positive and negative experiences of using the service in easy, accessible ways. Staff worked closely with people and understood how each person communicated, including in non-verbal ways. This meant any changes in behaviour or routine could be explored at the time and observations could be used to improve people's experience and care.

Working in partnership with others
● The service was an important part of its community. For example, the service had developed important community links with the local college, churches and a local plant nursery which played an important part in people's lives ensuring they were involved with and felt part of their local community.
● The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in their home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.
● The service worked in conjunction with the intensive support team, least restrictive practice team, community learning disability team and G.P to ensure service user needs were being met effectively. This involved positive behaviour support planning and development of health care plans ensuring best practice was followed and the service continually progressed.