Hampshire County Council

110 West Street Care Home

Inspection report

110 A-C West Street
Havant
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Tel: 02392498333

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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?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection took place on 5 January 2017 and was unannounced. At the time of our visit there were twelve people using 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 provides more traditional residential accommodation for crisis minimal risk short term care. House B accommodates people who choose to remain long term and House C comprises five flats for people who may challenge. 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.

The service was last inspected in September 2013 when it was found to be compliant with the regulations inspected at that time. Compliance had been found on the two previous inspections.

There is a registered manager in place but they were not available on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was available to support the inspection process.

Safeguarding people was included at the interview stage for new staff and was followed through with induction and training. Staff demonstrated a thorough knowledge of, and commitment to, keeping people safe.

Staff had a positive and innovative approach to risk taking. Rather than minimising risks to people by reducing their opportunities to live a full life, people were supported to develop links with the community and seek new experiences whilst having support to manage any associated risks. Staff understood that risk assessments put the focus on what the person could achieve rather than the difficulties they faced. This positive risk taking meant people were able to lead fulfilled lives and seek new opportunities.

Accidents and incidents were monitored to look for any themes and trends for which action could be taken to minimise the risk of reoccurrence.

Systems for managing medicines were safe and staff employed imaginative ways of supporting people to be independent with their medicines. One person told us about the support they had received to manage their medicines in preparation for independent living.

Recruitment processes were followed to make sure new staff were safe and suitable to work in the care sector. People who used the service were involved in the recruitment of new staff. Staff followed a thorough

and bespoke induction programme and then went on to complete the Care Certificate. Staff received training which was relevant and important to their area of work.

Staff received high levels of support from the management team. Supervision sessions were arranged on a four weekly basis and annual appraisals centred around setting personal goals and valuing staff performance. Staff told us the management team all encouraged professional and personal development. We saw this had a positive impact on morale and the care and support people received.

Systems were in place for making sure the premises were safe and infection control procedures followed. Checks were made on a daily basis to check standards of hygiene and availability of equipment to ensure effective infective control.

Staff understood their responsibilities under the Mental Capacity Act. We saw good and innovative examples of staff using communication aids to support people to voice their decisions and of how best interest meetings were used when people were unable to make an informed decision. There was a strong emphasis on supporting people in the least restrictive way possible. This allowed some people to flourish where in past placements they had been regarded as challenging to staff and others.

People were supported to plan their meals using information about the nutritional value of different foods. People who needed to follow a particular diet were supported in doing this. We saw an excellent example of staff supporting a person to access a local weight loss group. This allowed the person to be part of their community, develop new friendships and build a wider support network in readiness for independent living.

Staff were committed and excelled in ensuring people's health care needs were met. We saw a number of examples of how staff actively supported people to make sure they received excellent levels of healthcare intervention and support to make sure they experienced optimum levels of physical and psychological well-being.

Staff consistently supported people to be as independent as possible and were proactive and creative in the ways they did this to ensure people's lives were fulfilled. Staff engaged with people at every opportunity; listened and were interested in what people had to say. Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people were truly at the centre of the support staff provided. One person told us, "I think this place is brilliant. The staff are not rude or disrespectful but they want to see people do things [for themselves]. You cannot fault them.

The service provided to people was extremely 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.

People were supported to engage in meaningful voluntary work through a local organisation, attend day centres and were supported in their preferred activities and interests. We saw an example in one person's care records which detailed they were a strong swimmer and needed a staff member who had the same ability so they could swim next to them when doing lengths.

Systems were in place for people to raise any concerns or complaints they had about the service. Where concerns were raised these were investigated and responded to appropriately.

All of the staff we spoke with demonstrated that the vision and values of the service 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.

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.

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.

Staffing was appropriate to people's needs.

Staff had a positive approach to safeguarding and risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety.

Systems for managing medicines were safe and people were supported to manage their own medicines safely.

Recruitment processes were safe and involved people who used the service.

Is the service effective?

Outstanding

The service was extremely effective.

Staff were highly motivated, well trained and effectively supported.

Induction procedures for new members of staff were innovative and appropriate. Staff followed training appropriate to their role and the needs of the people they supported.

Staff excelled in supporting people to make decisions and worked in line with the requirements of the Mental Capacity Act.

People were given excellent support to make decisions about their nutritional needs.

Staff were committed and excelled in ensuring all aspects of people's health care needs were met.

Is the service caring?

Outstanding

The service was consistently caring.

Staff engaged with people at every opportunity, listened and

were interested in what people had to say. Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered.

Staff consistently supported people to be as independent as possible and were proactive and creative in the ways they did this to ensure people's lives were fulfilled.

Staff supported people to make sure they were able to communicate their needs, feelings and opinions effectively.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service provided to people was extremely 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.

People's care records were up to date, person-centred and provided detailed information about the person's needs and preferences.

Staff were flexible and adapted their support as people's needs changed.

The service was flexible and responsive to people's needs and preferences and found creative ways to make sure people received the support they needed to enable them to lead individual and fulfilled lives.

Is the service well-led?

Good

The service was extremely well led.

All of the staff we spoke with demonstrated that the vision and values of the service enabled people to live their lives at their optimum level through a person centred approach where positive risk taking was promoted.

Systems in place demonstrated that the service was constantly striving to improve and finds new and creative ways for people to voice their opinions.

110 West Street Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 January 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and an inspection manager.

We spoke with four people who used the service, the deputy manager, six care workers and the service manager. The registered manager was not available on the day of our inspection but we spoke with them on the telephone following the inspection visit.

We looked at four people's care records and other records which related to the management of the service such as training records, audits and policies and procedures.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding team.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed prior to the inspection. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

Good

Is the service safe?

Our findings

Staff we spoke with had a good understanding of safeguarding and how to identify and act on allegations of abuse. One member of staff told us, "Safeguarding is everyone's responsibility. If you see or witness anything you need to report it to your line manager, if they are involved you would go to the person above them. You need to make sure the service user is removed from any harm, make a record and ensure the service user is listened to."

We saw that people who used the service had been involved in the interviewing of a new member of staff. One of the questions they had asked was 'A staff member is horrible to me. What would you do?'
This demonstrated that keeping people safe was important to the service. We spoke with one person who gave short but emphatic answers to our questions. When we asked if they felt safe they smiled and said, "Oh yes I do."

We saw referrals to the local authority safeguarding team had been made as appropriate. A member of this team told us they had a very good relationship with the service and they reported any issues to them promptly.

The service offered bespoke support and intervention to people who were sometimes at crisis, including the breakdown of their previous care packages. Rather than minimising risks to people by reducing their opportunities to live a full life, people were supported to develop links with the community and seek new experiences whilst having support to manage any associated risks. Examples of this included people being supported to undertake work experience and lone travelling.

Staff had a positive approach to risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety. We saw detailed risk assessments were in place in relation to people's care needs such as nutrition and skin care. We also saw risk assessments for community activities such as using public transport or for specific activities. Staff explained to us how risk assessments were developed to support people in an aspect of daily living or activity that considered all the risks to the person rather than focussing on one aspect of their health. Staff explained this put the focus on what the person could achieve rather than the difficulties they faced. This approach was effective in supporting people to develop confidence and independence and was evidenced by people who had or were preparing to leave the service to live a much more independent life.

The deputy manager told us about a situation where they had used imaginative and innovative ways to take positive risks and maintain a person's safety whilst meeting their need to maintain an important relationship. This involved detailed risk assessments which included working with air and train travel companies to make sure the individual concerned felt safe whilst gaining confidence in travelling alone.

We saw accidents and incidents which occurred at the service were recorded and reported appropriately. We saw minutes of monthly management team meetings which showed that all accidents and incidents were reviewed to see if there were any trends or themes for which action could be taken to mitigate the risk

of the incident happening again.

We found there were robust systems in place to manage medicines. Medicines were stored safely and securely in each house and there were records which accounted for all medicines ordered, received, disposed of or returned. Temperatures of storage of medicines were recorded on a daily basis to make sure they were stored in accordance with the manufacturer's instructions.

We looked at four people's medicine administration records (MAR) and found these were well completed with no gaps. We saw people were supported to take their medicines in ways they preferred which was detailed in their support plans. For example, one person liked to sprinkle the contents of a medicine capsule into their food to take it. We saw discussions had been held with the pharmacist to make sure the medicine could be taken this way and the support plan showed what was in place to make sure the food containing the medicine was not accessed by other people. This showed staff respected people's choices whilst at the same time ensuring their safety.

We found staff encouraged people to be as independent as possible with their medicines. For example, some people were not able to administer all their own medicines but were able to apply their prescribed creams and staff supported them to do this.

We spoke with one person who told us they had struggled with the management of their medicines prior to them moving into the service. This had resulted in them running out of some medicines and having stocks of other medicines that were out of date. They explained that rather than take the responsibility for administering medicines away from them, staff had worked with them to find a type of medicines management, in this case a Dosette box that reduced the risks to the person whilst maintaining their independence. The person told us that despite them receiving support prior to moving into the service, "Nobody has ever mentioned that to me before."

The MARs accounted for medicines taken out when people had been away from the home and any checked back in on return. Stock balances were recorded daily and we found these were correct when we counted medicines with a staff member.

Protocols were in place for 'as required' medicines showing in what circumstances these should be administered and the minimum time between doses.

Staff told us they had received training in medicines and had their competency assessed both of which were updated annually to make sure they had the required skills and knowledge.

Prior to our inspection the local authority had informed us they were working with the service as there had been some medicine errors. They told us they were satisfied that all errors had been managed appropriately. We saw that the provider had been open and honest about the errors and embraced this as an opportunity to improve their medicines management systems. For example staff had completed a root cause analysis to see why errors had happened. As a result, new processes had been put in place to make sure medicines were managed safely. This included a daily check by a shift leader who had not administered the medicines on that day as part of the handover procedure. We observed this being done. The deputy manager told us that members of staff who had made a medicines error were supported with retraining, shadowing and a competency check before they administered medicines again. The deputy manager told us that on one occasion reflective practice had identified that, their response to managing a medicines error had caused another to occur. Learning had been taken from this to make sure the situation was not repeated.

This showed that staff had reacted positively to errors and had taken robust steps to mitigate the risk of medicine errors re-occurring.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. Although no controlled drugs were being used at the time of our visit, we saw appropriate storage facilities were in place.

We saw staffing was arranged in line with the needs and dependencies of people who used the service. For example extra staff were deployed to support people in their activities and also if a person needed extra support because they were displaying behaviours that challenged. One care worker told us the duty rotas showed who was working in which house but added the rotas were flexible to make sure there was the right skill mix in each house.

Staff were familiar with all of the people using the service although to maintain consistency to people who used the service on a long term basis a core team of staff worked in house B. We saw staff photographs were displayed in this house to show who was on duty and when. This meant people could see at a glance which staff were working with them each day. We saw staff worked well together as a team and supported each other to make sure people's lives were not unduly affected by any staff changes. For example, when we arrived at the home we were told two staff had phoned in sick at short notice. However, staff rallied round with some working extra shifts which meant people were able to maintain their preferred daily routines.

Safe recruitment procedures were in place. Records showed that new staff were required to attend an interview, disclosure their previous work history and qualifications, undertake a Disclosure and Barring Service (DBS) check, provide references, and prove their identity. We saw interview records were in place which provided evidence of how the provider assessed staff character and suitability for the role. We saw evidence that people who used the service helped develop interview questions and were involved in interviews. For example, we saw they had included questions such as 'I like spending money, how would you support me with my budget?', 'How would you support me if I am unwell?' and 'How will you support me to be active?' This demonstrated that the views of people who used the service were taken into account when employing new staff.

We spoke with one recently recruited staff member who told us they had completed an application form which they said was a 'quick and easy process'. They told us two people who used the service had been on the interview panel and had asked them how they could meet their needs in the home and in the community. They confirmed they had not been allowed to start work until a DBS check and references had been obtained.

Up to date records showed regular checks were carried out in relation to fire safety and water temperatures.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

Outstanding ☆

Is the service effective?

Our findings

Staff told us they 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. The deputy manager told us they or the registered manager accompanied any new member of staff on their first day of the induction to help with introductions and to offer reassurance if needed. The deputy manager told us they had also developed an in-house induction to compliment the eight day course. For example if the member of staff had covered infection control in their course, staff would follow that up with taking the person through infection control procedures within the service. We saw the in-house induction booklet gave the new staff detailed and easy to understand information about the service, who they should go to for support and what to do if they were worried about anything. The deputy manager told us that following on from the induction, new members of staff went on to complete the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support. We spoke with one staff member who had just started their induction which they described as comprehensive and helpful. They told us they had been given a workbook which they were working through. They said, "I've found staff to be very welcoming and have been made to feel part of the team and supported from day one. What comes across is it's very person-centred."

We saw training files in place for each area of training provided. In addition to the provider's mandatory training such as fire safety and first aid, training included positive behaviour, epilepsy, safeguarding, person centred positive risk training and Mental Capacity Act. We also noted training was provided to instruct staff in using the 'All about me' document used by the service to promote a person centred approach to care. The deputy manager and area manager explained this training had been developed by the management at the service and had been recognised by the provider as being effective at equipping staff with the knowledge to implement best practice in relation to person centred care. As a result the training had been adopted by the provider and was delivered to staff at other services.

In the front of each training file was a list of staff and the dates to show when they had completed the training and when an update was due. Files also contained an overview of the training content and copies of certificates achieved by staff on completion of the training. We saw all staff were up to date with their training needs.

One staff member told us the training provided was very good and was kept up to date. They said they were provided with details of any specialist training and were encouraged to attend. Other staff told us, "Training is very good there is lots of 'face to face' training and only a small amount on the internet;" and, "The training is brilliant."

We saw staff received support through regular supervision and annual appraisal. One care worker told us, "Supervision is every four weeks and never any longer than five. There are annual appraisals which are about valuing performance, Team and personal goals are set at the beginning of the year, reviewed after six months and at the final review."

One staff member told us, "The manager and deputy are very approachable and on hand at all times. They are very forthcoming and very good at giving people training opportunities. They are good at developing staff who want to advance their career. For example, if you ask a question they will ask what you think, so they are continually helping with your professional development.

We considered the arrangements for supporting staff from the bespoke and innovative induction, through training specifically tailored to meeting the needs of the people using the service, regular supervisions and appraisals focusing on valuing staff performance, demonstrated an outstanding commitment to best practice and supporting the people using the service.

The impact of effective training was clearly demonstrated in the confident way staff delivered support and, in the case of MCA training felt confident to challenge a health care professional in their instruction.

In addition to care staff, there was a social worker based at the service to represent all of the people living there. The deputy manager told us this person was invaluable because they knew all of the people well and made sure people got the support they needed. For example when a person had been supported to move to independent living, the team working approach between care staff and social worker resulted in a carefully co-ordinated and supported transition of care for the person involved.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a thorough knowledge of the MCA and an unwavering commitment to least restrictive and best practice. For example we saw records relating to a situation where a doctor had wanted one person to have an invasive health test. Staff were unsure if the person fully understood the test to have the capacity to give their consent. The staff at the service challenged the decision to proceed with the test which was postponed so relevant people could be involved in a best interest decision.

Another example of good practice in involving people in decision affecting them was where staff had used a 'communication mat' (these are pictures of happy/sad faces, people and objects, for example, which people could select in order to tell staff what they wanted) with one person to make a decision about going to the dentist. This enabled the person to tell them they were happy to go to the dentist but did not want an injection. A photograph was taken of their pictorial decision to demonstrate their consent and decision to the dentist.

It was evident from people's care records that all staff without exception always considered the least restrictive options when providing support to people.

Staff told us people planned the meals they wanted for the week ahead and we saw the menu displayed in the kitchen. We saw photographs of different foods were available to help people decide what meals they may want. With the photographs was easy to understand information about different food groups such as what were protein foods or carbohydrates and how they worked within the body to help people make healthy choices.

One care worker told us, "On a Sunday we sit around the dining table and make the menu for the following week. We have pictures for people to use so they can choose."

Staff supported people with shopping, preparing and cooking meals with staff input tailored to meet individual needs. For example, one person had recently lost weight which was being investigated and staff were ensuring they received extra calories by using full fat milk and fortified their meals with cream and butter. Whereas another person's diet needed careful monitoring due to weight gain so staff encouraged a healthier diet. We saw in this person's healthcare records the dietician had commended the support provided and stated they were impressed with the person's overall diet and their cholesterol level.

We saw mealtimes were flexible and tailored to meet people's individual needs with one person having an early breakfast before going out to work whereas others ate later in the morning when they had got up.

Staff were committed and excelled in ensuring people's health care needs were met. Proactive partnership working with the local crisis intervention team and positive behaviour support team meant people were supported to improve their emotional health and reduce incidents of behaviour that challenged the staff and others. We saw one person had moved into the service after coming to the attention of the police on nine occasions over a 24 hour period. The swift access to a whole package of support that addressed all the individual's needs meant the person had not had one incident of a similar nature since moving in.

People's care records showed staff supported people to access NHS services and were pro-active in supporting people to maintain good health. For example, we saw people regularly attended the dentist, GP, optician and audiologist as well as any specialist health care professionals. We saw staff were prompt in supporting people to seek health care advice when needed. For example, one person's care records showed changes in their health and behaviour had resulted in a GP visit and another person had been supported by the SALT (speech and language therapy) team to make sure their diet was suitable and safe for their needs.

We saw detailed information which showed advice given was implemented and resulted in improvements to people's health. For example, a physiotherapist had noted improvements in one person's walking due to staff supporting the person to follow the exercise regime they had recommended. The person's GP had prescribed a cream to be used for a skin condition for a set period of time, however when the time had lapsed the skin had not fully healed so staff contacted the GP who extended the use and the skin condition resolved. An audiologist had advised this person's hearing aids should be alternated weekly and we saw systems were in place to make sure this happened.

This demonstrated how staff actively supported people to make sure they received excellent levels of healthcare intervention and support to make sure they experienced optimum levels of physical and psychological well-being.

Outstanding ☆

Is the service caring?

Our findings

We spoke with one person who told us, "I think this place is brilliant. The staff are not rude or disrespectful but they want to see people do things [for themselves]. You cannot fault them."

Without exception staff demonstrated a commitment to the values of the service of putting the person at the centre of all their support, promoting people's opportunities to develop new skills and lead a fulfilled life where their rights were upheld at all times. Every member of staff we spoke with exuded a sense of pride in the work they did and the outcome that were achieved for people.
There was a happy, relaxed, calm and friendly atmosphere in the home. Staff were upbeat and smiling and this had a positive effect on people who lived in the home.

We saw staff engaged with people at every opportunity, listened and were interested in what people had to say. Staff knew people well as individuals and were able to tell us about their wishes and preferences in a way that showed it was clear people mattered.

We saw one member of staff involving a person who used the service in conversation. They were very skilled in understanding how this person communicated and explained this to us. They told us that the length of the verbal 'um' made by the person denoted either a yes or no response. Their skill enabled the person to choose what they wanted to do that day.

Staff consistently supported people to be as independent as possible and were proactive and creative in the ways they did this to ensure people's lives were fulfilled. For example, staff enabled one person to travel independently by train and plane so they could maintain an important relationship. This had been achieved by staff working with the person at their preferred pace, initially accompanying them on the journey and then making arrangements with the train company and airline and putting systems in place to make sure the person could travel safely alone. This had bolstered the person's confidence and ensured they were able to maintain a relationship which was very important to them. Staff had also supported the person with making changes to their bank account so they could access their money more easily and when they needed it using a contactless card. The 'All about me' for this person detailed everything staff needed to do to support this person in their travel, even down to making sure they had charged their mobile phone so they could ring someone if they felt they were in difficulty. In addition to the practical arrangements relating to money and travel, staff were working with the person to understand the healthcare issues experienced by the person they had a relationship with. Staff told us this was important to make sure the person did not find themselves taking on the role of carer and also to maintain the dignity of their friend.

We considered this to be an excellent example of person centred and holistic care and felt staff had exceeded expectations in supporting this person.

When describing incidents to us concerning people who used the service, we noted the deputy manager consistently used language which demonstrated a non-judgemental and respectful attitude toward people who used the service. This use of language was demonstrated by all of the staff we spoke with.

The deputy manager described to us how, when people displayed behaviours which may not be understood by people outside of the service, staff made every effort to contain the incident to ensure the privacy and dignity of the people involved.

One person told us how they had complete faith in the staff and how they felt they were supporting them to learn how to live as independent and fulfilling life as possible.

Staff supported people to make sure they were able to communicate their needs, feelings and opinions effectively. This was demonstrated in methods used to help people to make decisions about their healthcare. Training in Makaton was undertaken by all staff working at the service. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Outstanding ☆

Is the service responsive?

Our findings

The service provided to people was extremely 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.

People's care records were up to date, person-centred and provided detailed information about the person's needs and preferences. They focussed on what people could do for themselves as well as describing in detail how they wanted staff to support them where they needed assistance. 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. This included all aspects of their lives such as their life history, important relationships, communication, likes and dislikes, work, health, finances and social interests. This was provided in pictorial and easy read format. We found the level of detail provided was so comprehensive that had we been asked to support the person we would have been able to do so with confidence. For example, one section detailed how to support a person in cleaning their teeth and included a section which stated, "I need help to do my bottom front teeth so ask me to put my teeth together and smile otherwise you will not get between my bottom teeth and gum line." This level of details meant staff had explicit guidance on how to support the person to meet their needs and preferences.

The deputy 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.

Staff were flexible and adapted their support as people's needs changed. For example, the circumstances for one person had changed and they wanted to move to independent living. Our discussions with staff showed the steps they were taking to make this possible, such as supporting the person to self-medicate and to manage daily living tasks independently. We saw staff were maintaining 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 only set times of the day on a domiciliary care basis. This included an approach where staff would not intervene to provide assistance where the person had the ability to do this for themselves. Staff were also working in partnership with the social worker to make this person's aim of independent living a reality. The person told us this approach had been managed in a sensitive way that they appreciated despite the fact, "It is difficult to be told you are not due any support."

Staff explained when someone who had used the service was moving out; their achievement was celebrated in whatever way they wanted. For example, some people choose to have a party, one or two had chosen to go to the pub and one person had just wanted to have pizza in their flat with a care worker.

We saw a letter from someone who had left the service and moved into their own flat. The letter read, "Living here is pretty amazing! I've been on loads of new missions. I am looking forward to going to the cinema, bowling and spending my first Christmas here."

We asked the deputy manager about this person's journey through the service. They told us the person had been living in in a residential home for four years and had started to have difficulties with some of their housemates, had started to display some behaviours which challenged that service, had stopped going out and would not attend day services. A placement at West Street was offered in one of the flats and staff spent time getting to know them and what skills they had. When the person was comfortable with them they told care workers they did not want to live with other people and they wanted to be able to go out on their own. They were with the service for six months and during this time staff worked with them so they could go out on their own safely and built up their skills around communication, cooking and cleaning. The social worker confirmed how successful the work with this person had been and how happy they were in their new flat.

One person, when asked in a satisfaction survey what the service does well, said "Being able to be resourceful in meeting the needs of individuals in a supportive and pleasant collaborative manner and providing advice and support to those who were often in crisis. Being able to provide high quality care plans and risk assessments in a person centred manner."
We concluded that the support provided to people was, without exception, totally individualised and responsive to their needs.
People were supported to work and pursue preferred activities and interests. When we arrived one person was heading out to get the train into work. The deputy manager told us about how they worked with an organisation called 'Right to work' which supported people to engage in meaningful work for example either in their café or in a local country park. Although this was voluntary work, any profits made were used to put on events for people involved.

We saw one person setting off out with a staff member to the dentist and was then going on to do some shopping. People's care records contained information about their social and work interests and the support they needed to attend. For example, one person's care records showed they were a strong swimmer and needed a staff member who had the same ability so they could swim next to them when doing lengths.

To maintain consistency, some people were supported to attend day services in the area where they lived prior to moving to West Street. For example, two people continued to go to Gosport, a residential area of Portsmouth, however, as this was a costly journey they only went three days a week instead of five (the five day placement had been continued so when they returned to Gosport they would have the five days available). On the two days they were not at day services staff supported them to do the activities they really liked, for example, swimming.

We spoke with one person who was planning to move on from the service to live independently. They were working to reduce their weight and needed to attend hospital on a weekly basis to get weighed on scales that accommodated their wheelchair. The person was then supported to attend a local slimming group where their weight loss was celebrated alongside other members. In addition to helping motivate this person with their weight loss journey they were also building community links that could continue when they moved into independent living.

This showed the service was flexible and responsive to people's needs and preferences and found creative ways to make sure people received the support they needed to enable them to lead individual and fulfilled lives.

There was a detailed complaints procedure in place. We saw three complaints had been received this year, one of which had not been concluded. The records showed details of the complaint, the action taken in response and how the outcome was fed back to the complainant.

Good

Is the service well-led?

Our findings

A registered manager was in place although they were on annual leave at the time of our inspection. Staff spoke highly of the manager and deputy manager telling us they were "approachable and on hand at all times." One person who used the service told us, ""She [the deputy manager] is a good manager. I think all the staff are good."

One staff member told us they thought the service had improved since they had started ten months ago. They said the home was better organised and there was now a more stable staff team who supported one another. They praised the support they received from the management of the home.

A number of systems were in place to assess and monitor the quality of the service on a daily, weekly and monthly basis.

We saw the daily handover for each house included a detailed list of checks staff needed to make to make sure systems were being followed to make sure people using the service received the support they needed in a safe way. For example; each handover included a check of the MAR's to make sure people had received their medicines appropriately, a check of the diary for any appointments and medicines that might need to be collected and a check of each person's risk assessments, appropriateness and availability of communication aids and any relevant monitoring forms. Where people needed to have their food and fluid intake monitored, documentation relating to this was checked for appropriate completion and any issues at each handover. Other handover checks included general cleanliness of the service and infection control measures.
A number of these checks had been made as a result of management reflecting on why errors had occurred previously. For example why medication errors had occurred and what could be done by all staff to reduce the risk of the error being repeated.

We observed handover checks being made as listed and saw that where any issues had been identified, immediate actions were taken.

We saw records of weekly meetings held to monitor and review the progress of individuals and these detailed any actions that needed to be taken to make sure people who used the service received the level of support they needed to maximise their skills and enable them to live as full and independent lives as possible
The deputy manager told us they completed monthly audits of each house. These included audits of care plans, risk assessments and the environment.

Monthly management meetings were held to cover all aspects of quality of service and to review any accidents or incidents that had happened to establish any themes or trends where action could be taken to reduce the risk of reoccurrence.

We saw satisfaction surveys were sent out to people on an annual basis in order to gain their view of the

service. When we spoke with the registered manager following the visit they told us they reviewed the previous year to make sure questionnaires were sent to all people who had used the service, or their family, during that period. This meant that the views of all the people who had used the service, even for a short period, were sought. The surveys asked for people's opinions and experiences rather than being a tick box exercise. For example the questions were 'What were your outcomes and expectations and were they met?' 'What did we do well?' and 'How do you think we can improve?'

All of the responses were very positive. Comments included: "treat people for who they are, not where they have come from", "My (relative) has been looked after brilliantly and is finally getting the care and attention (person) has needed for the last 55 years" and "I salute you all."

Following the inspection visit we spoke on the telephone with the registered manager. They told us plans were in place to develop the ways in which people's opinions were sought by capturing their views at the end of their or their relatives stay.

Staff told us they were encouraged to share their views of the service and that the management team make sure there is time for staff meetings. They said the meetings were held away from the service to a room big enough to accommodate the meeting. They told us "An agenda is set before and there is a two hour slot for the meeting. They are open to ideas and will change things if they can be done in a different way to make improvements."

This demonstrated that the service is constantly striving to improve and finds new and creative ways for people to voice their opinions.

All of the people we spoke with demonstrated that the vision and values of the service are to enable people to live their lives at their optimum level through a person centred approach where positive risk taking is promoted. When we asked the deputy manager about what they considered to be strength of the service they told us, "We do a good job. We are a supportive team who work really well to support people under sometimes difficult circumstances." This approach was evident in all aspects of the service.