

Cambian Asperger Syndrome Services Limited

Cambian Asperger

Syndrome Services Limited

- 14 Southwood Avenue

Inspection report

14 Southwood Avenue
Southbourne
Bournemouth
Dorset
BH6 3QA

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

Summary of findings

Overall summary

About the service

Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue is a care home that provides accommodation and personal care for up to 7 people diagnosed with autistic spectrum disorders and learning disabilities. At the time of this inspection there were 6 people living at the home.

The service is situated in the Southbourne area of Bournemouth. The premises comprised of a three-story house with 7 bedrooms all with en-suite facilities and communal living areas. These included a kitchen/diner a separate lounge and one room referred to as a chill out room. The garden provided areas for both recreation and seating for people to use as they wish.

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

People told us they were very happy living at Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue which they affectionately called "SWA" One person told us, "I'm happy living here at SWA. I don't like leaving."

Staff had an excellent understanding of people's individual needs relating to their protected characteristics and their values and beliefs. Staff had been extremely responsive to the individual needs of the people living at the home creating excellent positive outcomes for people. One person told us, "It's the best thing I've ever done (coming here) I am being supported to be myself."

Staff had supported people to be as independent as possible. Positive risk assessments had been completed with people to manage any risks incurred by taking further steps towards independence. People were supported to manage their own medicines and medicines were managed safely. One relative told us, "[person] has already progressed over and above our expectations since they moved in."

There were enough staff to support people. This included supporting people on a 1:1 basis if required. People told us they felt safe. Staff had access to personal protective equipment (PPE), and the service had a robust infection prevention and control process in place. Lessons were learned from incidents and learning was shared with all staff to prevent re-occurrence.

Staff had assessed people's needs before they moved in to the home. Individualised person-centred care plans had been created with people, and in consultation with people who were important to them. People were supported to eat a balanced healthy diet and could access food and drinks whenever they wanted. The service worked well with other organisations and supported people to access healthcare when required.

We could not distinguish staff from people when we arrived due to the friendly, comfortable and relaxed atmosphere of the home. People were treated as equals with dignity and respect by staff who knew them well. People told us staff were very kind and caring.

People, relatives, healthcare professionals and staff spoke positively about the registered manager and the assistant house manager. We received comments such as, "they do an amazing job", "they are open and listen" and, "they are professional, discreet and great."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests.

Staff supported people to achieve their aspirations and goals.

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

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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 good (published 10 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurances that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the nominated individual, registered manager, assistant house manager, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and 2 medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including governance audits, policies and procedures were reviewed. We looked at staffing levels to ensure people's needs could be met.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies. One social worker told us, "they are good at safeguarding, they always keep me informed."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe. One person said, "I feel safe, the staff are nice."

Assessing risk, safety monitoring and management

- Positive risk assessments had been completed with people to empower and promote their independence. This included risks associated with road safety, cooking and activities in the community.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, one person wanted to start drinking alcohol. Staff had a discussion with the person about the risks involved, including how it may affect them at college or on their work placement. The person told us, "On Saturdays I drink, reason being during the week I have college."
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff supported people to understand the risks their unwise choice may mean, this helped people make their own informed decisions. One person said, "Best thing is I never get told no. They say maybe, we'll see, let's talk. They explain their reason and I am able to make my own decision."
- People had personal emergency evacuation plans in place. These provided key information to assist emergency services in the event of an incident that required people to be evacuated. Staff were trained in fire safety and completed regular fire drills. Records demonstrated fire safety equipment was checked, maintained and serviced appropriately.
- Staff had completed mandatory core safety training including; first aid, fire safety and health and safety awareness training.

Staffing and recruitment

- There were sufficient levels of staff available on each shift to ensure people were cared for safely. People were supported to enjoy activities in the community and provided with emotional support when needed." One person told us, "When I am feeling upset, I text one of the staff and they come sit with me and have a chat. I feel comfortable with all the staff."
- Staff had been recruited safely into the service. Checks included employment history, references and a disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- When agency staff had been employed, staff profiles were in place that provided details that recruitment checks had taken place and the person had the necessary safety training to carry out the role.

Using medicines safely

- Medicines were managed safely, and people received support from staff to make their own decisions about medicines wherever possible.
- Some people had medicines prescribed for as and when required. Not all these medicines had protocols in place detailing enough additional information needed to ensure appropriate, effective use of these medicines. We discussed this with the registered manager, and they were completed during our inspection.
- People were assessed to self-administer their medicines. One person told us, "They assessed me so I can take my own medicines. I like to have the independence; I order them as well. It makes me feel happy."
- Staff supported people to be as independent as possible when taking medicines. For example, one person was unable to remember when to take their medicines. They told us, "[staff] bring me my medicine in boxes and I get them out. I like to do what I can for myself."
- People were supported by staff who had completed safe administration of medicines training and who had their competencies checked regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff if needed.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was open to visitors. Visitors were required to have evidence of a negative lateral flow test. There were no restrictions to movement around the home. Visitors were required to wear a mask.
- People were also supported to keep in touch with families and friends through video and telephone calls and social media.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to review practice and learn lessons. This had included changes to medicine management, care plans and staff training.

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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- Staff completed a comprehensive assessment of each person's physical and mental health before the person moved into the service. This ensured the right care could be provided to meet the person's needs.
- Assessments formed the basis for the care plans staff created with people and their loved ones. These ensured people's needs, wishes and wants were understood and supported.
- Specialist health and education professionals had been involved in assessments and planning of care when needed. This had included well-being therapists, behavioural support staff and educational specialists.

Staff support: induction, training, skills and experience

- Staff completed an induction and had ongoing training and support that enabled them to carry out their roles effectively. Staff induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was provided specifically for people's individual needs. One staff member said, "They give us special training if someone moves in with a particular need, they put me on epilepsy training before I could support [person]."
- Staff told us they felt supported and had regular supervision and appraisal meetings. Staff felt comfortable to discuss any concerns and request additional training if required. Staff told us they had opportunities to develop if they wanted.
- Agency staff had one-page profiles confirming full training had been completed.

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

- People received support to eat and drink enough to maintain a balanced diet. We observed people returning from food shopping. The ingredients were healthy and nutritious.
- People were involved in choosing their food, shopping, and planning their meals. One person told us, "We've [people] just chosen what we want to eat for the next four days and I've just got back from buying the food with [staff]. We put our names on the board next to the day we are going to cook, the [staff] help us. I really enjoy cooking."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One relative told us, "I never would have imagined [person] cooking their own meals but [person] does since living there. [person] goes food shopping then cooks with support from the staff."
- People could have a drink or snack at any time, and they were given guidance from staff about healthy

eating.

- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People played an active role in maintaining their own health and well-being. One person said, "Staff encourage me to make my own appointments, they help if I want them to. It's great to be able to do myself."
- Multi- disciplinary team professionals were involved in support plans to improve people's care.
- The service ensured that people were provided with joined-up support so they could access health centres, education and or employment opportunities and social events. For example, people had been supported into work placements. One person worked at a car garage and one person worked in a charity shop.
- People were referred to health care professionals to support their well-being and help them to live healthy lives. For example, one person had been referred to the dietitian to support them with managing their weight.

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

- The environment was homely and stimulating. The registered manager was proud of the changes they had made to the environment. The home had been adapted and redecorated to a high standard. Changes included creating a kitchen/diner and changing the old kitchen into a "chill out room" where people could go and relax when they were feeling stressed.
- One relative said, "since [registered manager] has been there they have turned the house into a home."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Two people wanted to show us their rooms and tell us how they had been asked how they wanted it decorated. One person said, "[registered manager] is great, [they] asked me what colour I wanted my wall and as you can see, I chose purple and I love it!"

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 MCA 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had their rights and freedoms respected as staff understood the principles of the MCA and the importance of, whenever possible, enabling people to make their own decisions. This meant care was provided in the least restrictive way.
- Staff empowered people to make their own decisions about their care and support. Records showed staff had assessed a person's capacity when they were concerned a person was unable to make a decision. Records showed staff supported people to fully understand the decisions they were making and promoted independence.
- No person using the service had a DoLS in place at the time of the inspection.

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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. We observed friendly, caring and kind interactions between staff and people.
- Staff were mindful of individual's sensory perception and processing difficulties. Staff knew people well. We observed staff using different communication techniques including pausing and giving the person time to respond or using prompts to help the person say what was on their mind.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "[staff] give you a good laugh. Everyone here is just so friendly."

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

- People felt listened to and valued by staff.
- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- One person said, "I've been here a while and there's not much that could be better. I go to college, and I sit in my room and play games when I want. That's my choice by the way, no one makes me sit in here. We can do all sorts."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Each person had a skill plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles for people. One relative told us, "[person] has come on leaps and bounds. The staff do a fantastic job. [person] confidence has grown so much, [person] has just attended a job interview on their own and received phenomenal feedback re how they came across. We could not be happier."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. 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

- People and their relatives told us staff had outstanding skills and excellent understanding of people's individual needs relating to their protected equality characteristics and their values and beliefs. This had resulted in positive outcomes and improved quality of lives for people. One relative told us, "[Person] is blossoming into a wonderful, supportive, understanding and confident young [person]. I do not believe that any other service in this land could have achieved what the team at Southwood Avenue have achieved."
- The management team and all staff were dedicated to providing the best possible person-centred care.. Staff supported people to make and work towards achieving short and long term goals. These included working successfully at work placements and being more autonomous day to day.
- One relative told us, "their [staff] attitude towards supporting people and prompting their independence is outstanding." For example, one person told staff their wish was to gain work experience and to do does this independently. Staff supported the person by asking what type of work they wanted to do, did mock interviews so they person could practice their response to questions and supported them to plan their route to the job interview. This resulted in the person attending the interview independently. The person received positive feedback and was offered the job placement. The person said, "I'm really glad for my help from SWA and it made me feel really confident going in and I settled in well because of it. I really enjoy my work placement and I want to be doing it more often in the future."
- The registered manager recognised language such as 'meeting', 'annual leave' and 'staff' sounded institutionalised, not words which would be used at home. The management team asked people what words they would prefer. They choose to call meetings "shrek squad", annual leave "holiday" and staff "team". One person said, "I much prefer it, sounds much nicer."
- Empowering people to feel valued, independent and best versions of themselves was at the heart of everything the staff did to support people. For example, people had been empowered to live as full a life as possible by travelling on their own using local buses and trains. An individualised support programme enabled people to develop skills and confidence, Once assessed as safe to travel, people created and signed a 'Safety plan when out in the community' with staff. One person said, "I'm so happy I have been ticked off to independently travel, I feel free and able to do what I want."
- The service had an exceptional, tailored person-centred approach. For example, staff explored the triggers for people's anxieties and feelings of distress and created personalised plans with them and people who were important to them. People had contributed to plans by telling staff what to do to support them at these times. One relative told us when their loved one moved into the home, they had little confidence in themselves and was unable to express their needs this led to periods of distress for the person. Staff took the time to build trust with the person and supported them to identify and express their feelings. The person

said, "Staff know me well, they know my symptoms and all my sensory aids that help me, I don't need them as much anymore because I feel so much better since I moved in."

- Staff supported people to live their best lives. One person had been supported by staff to attend a short musical placement for the holidays. Their relative sent a compliment to the home saying, "This time last year, we would not have predicted [person] would have managed a music residential, it is a massive achievement for them and for all the staff [at Southwood Avenue]." Their relative told us, "The biggest change in [person] since they moved into the home is, they now want to explore their interests where they had not been able to before. [Person] is much more on an even keel, [person] does not like to leave [they] like it there so much."

- Staff had excellent understanding of people and their social and cultural diversity needs. One social worker told us, "They do a really good job at supporting my client, for example, my client wanted to go to a convention to do with identity. They did not discourage but assessed and supported my client to go." This had resulted in the person initiating open conversations with the staff about their emerging needs and wishes in how they would like to identify as. This meant staff were able to reassure and support the person to be themselves.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service had taken innovative steps to meet people's information and communication needs. For example, one person had moved into the home with limited ability to communicate verbally. Staff were determined to help the person find their voice and put forward a case to get them weekly speech and language therapy. This helped the person form words and sentences to verbally communicate and resulted in the person telling staff about their needs for example, wanting help with shaving. We spoke with the person who told us, "I am happy, and everyone here is friendly." Staff said, "If we had not fought for [person] they would not have this in place and would not be able to tell us how we can best support them."

- One person showed us their bedroom door which had a place for an emoji picture card. They said, "staff know what each of the cards mean. If I don't want to communicate, I use this emoji system and staff know how I am feeling that day. They know how to speak to me and help me."

- People had created communication plans with staff which included, what do I understand, what can you do to help me, how do I communicate and what you can do to help me.

- People had access to information in appropriate formats. We observed people being supported using their preferred communication methods. People were consistently involved in conversations and supported to participate.

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 were supported to maintain relationships with family and friends. Staff supported people to stay in contact with their loved ones through virtual and in person contact. One relative said, "Since they have supported [person] to travel independently they come home regularly on the bus. It's fantastic to see [person] so happy and independent."

- Staff supported people by driving them long distances if needed in order to visit families. One relative said, "They do go above and beyond. I live nearly 2 hours away, that's nearly half a day driving and when it's Christmas you have little time with the family. The staff arranged to drive [person] one way. I was so

touched; it made a huge difference."

- People went to 'Shrek Squad' once a week where they chose what social events, activities or interests they would like to do. We saw minutes from the last Shrek Squad where people had chosen to go to Southampton on day visit. One person told us, "We choose what we want to do, and they arrange it. Last week we went to Southampton shopping [staff] stayed in a coffee shop so we could do what we wanted on our own. It makes me very happy to do what I want."
- One person showed us a photo book from a recent trip they said, "We all really wanted to go to Longleat, [staff] arranged it for us. We had such a good day I wanted to print off the photos for everyone to see and remember."
- One relative said, "[person] tells me I have to go, I'm heading out to my dance class or to meet a friend, it gives me such happiness and confidence that [person] is getting the guidance, support and care they need to grow."
- People were encouraged to take part in the local community. People living at the home had work placements and attended a local college attached to the provider.
- People were supported with interests outside of the home. One person had recently requested to take part in rowing club. Their relative said, "They've made it possible. They supported [person] to the induction and on the first night they sat in the car park for over an hour to make sure they were there in case [person] needed them."

Improving care quality in response to complaints or concerns

- There was an effective complaints and concerns process in place. People told us they knew who they could raise their concerns to and said they would be listened to.
- One relative said, "I had cause to raise a concern once early on. I spoke to [registered manager] and they responded straight away, looked into my concerns and then feed back to me. I told them what they needed to do for [person] going forward. I have observed that they have listened to what I suggested in the way they speak with [person]. This has helped my [person] build on their confidence."

End of life care and support

- People did not require end of life care and support during the time of our inspection however, people's wishes had been explored during care planning. For example, people had been asked which songs they would like played at their funeral. One person said, "The catchy song from the Lego movie."

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and assistant house manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager told us they worked with staff to ensure the language they used to describe people was kind, caring and understanding of the persons abilities. This had created a culture of respect and dignity.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. We observed the management team speak passionately about people, their rights and freedoms and saw records that showed how they had campaigned to ensure people could live their best life as independently as possible. One relative said, "I will always owe a debt of gratitude and I hope that they are aware of the difference they have made in improving all of our lives."
- The management team encouraged open and honest conversations to support people to live their best lives as safely as possible. People had felt comfortable to discuss and share their personal thoughts in relation to their sexual preferences and wanting to try adult relationships. Staff had provided people with information for them to make their own choices. One person said, "[registered manager and assistant house manager] are so kind and friendly. I can talk to them about anything."
- Relatives were complimentary about the registered manager, we received comments such as, "Since [registered manager and assistant house manager] took over things have greatly improved and made a huge difference.", "[registered manager and assistant house manager] are fantastic, you can ask them anything" and, "I feel fortunate to know they are there supporting [person] because now I don't have to worry."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "[registered manager and assistant house manager] are really supportive, they take any concerns really seriously and action."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Quality assurance systems and processes covered a broad scope of monitoring, including the safe administration of medicines, quality of care delivered and monitoring of health and safety.

- Governance processes had been effective and where actions had been found, learning had been shared with all staff during meetings and supervisions.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager promoted a culture of being open and honest. We found all staff had been open throughout the inspection processes.
- Where areas of improvement had been identified through audits or incidents, the lessons learned had been shared with all staff and across all the other provider locations. This ensured a reduced risk of re-occurrence and ensured an ethos of continual improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were encouraged to feedback in their chosen communication method about the running of the service.
- The service worked well in partnership with other organisations, including the college attached to the service, which helped to improve people's health and well-being.