

Calcot Services For Children Limited

Purley House

Inspection report

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Purley On Thames
Reading
Berkshire
RG8 8BG

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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

This was an unannounced inspection which took place on 04 October 2018.

Purley House is a care home (without nursing) which is registered to provide a service for up to three young adults who are being supported to leave care. The young people had a variety of support needs.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Purley House accommodates people in a domestic sized building.

The care home was registered in October 2017 and this is the first inspection of the service.

The service was exceptionally responsive to the needs and choices of the young adults who live there. Staff were extremely flexible and readily adapted to meet people's development and diverse needs. The service was extraordinarily person centred and young adults were supported according to their individual needs. Activity programmes were innovative and designed to meet people's individual development needs whilst incorporating their preferences and choices. Care planning was highly individualised and regularly reviewed which ensured the current needs of the young adults were met and their equality and diversity was supported and respected.

The registered manager was respected and highly thought of by the staff team. She and the management team ensured the service was exceptionally well-led. The registered manager and the staff team were committed to ensuring they offered the young adults positive support and assisted them to independence. The young adults were as involved as possible in running the service and were supported to adhere to the values the staff team were committed to. The quality of support the service provided was constantly assessed, reviewed and improved by the provider, the registered manager, the staff team and the young adults.

The young adults were protected from all forms of abuse. Staff were trained in safeguarding people and knew what action to take if they identified any concerns. The young adults were provided opportunities to learn how to keep themselves safe. The service identified general health and safety and individual risks. Action was taken to reduce all risk, as much as possible. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

The young adults were supported by adequate staffing numbers. Staff were able to meet people's specific needs, including any diversity, safely. Recruitment systems made sure, that as far as possible, staff recruited were safe and suitable to work with young adults. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

A well-trained and knowledgeable staff team offered young adults effective care. They met people's diverse needs including their current and changing health and emotional well-being. The service worked very closely with health and other professionals to ensure they offered individuals the best care in the most effective and positive way.

The young adults were empowered to make choices and decisions and take control of their lives. Staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The caring and committed staff team continued to meet the young adults needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

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.

The young adults were kept as safe as possible from abuse or ill-treatment of any kind. They were supported to keep themselves safe.

The young adults were protected by risk assessments which staff followed to make sure people stayed as safe as possible whilst living as independently as they could.

The young adults were supported to take their medicines safely.

There were enough staff who had been recruited as safely as possible to offer the young adults safe care.

Is the service effective?

Good ●

The service was effective.

The young adults were supported and positively encouraged to make as many decisions for themselves, as possible. The service worked in people's best interests and the principles of the Mental Capacity Act 2005 were upheld.

The young adults were supported to keep themselves as healthy as possible.

The young adults were assisted well supported staff who were trained in how to offer the best support.

Is the service caring?

Good ●

The service was caring.

The staff team supported the young adults with kindness and respect.

The young adults needs and behaviours were dealt with in a

sensitive and patient when manner.

The young adults and staff team had developed close and caring positive relationships.

Is the service responsive?

Good ●

The service was Good.

The service was exceptionally responsive to people's needs, choices and preferences.

The service was person- centred and put the young adults at forefront of all they do.

The staff worked extremely hard to support the young adults to gain their independence.

Is the service well-led?

Good ●

The service was Good.

The registered manager was totally committed to providing the best opportunities for the young adults to develop and mature into independence.

Staff and the young adults were involved in all aspects of the running of the service and were valued and respected.

Staff and the young adults adhered to the values and vision of the service during their daily work and life.

The service was committed to reviewing and monitoring the service so they could take any necessary actions to improve the young adult's lifestyle and development prospects.

Purley House

Detailed findings

Background to this inspection

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

The inspection was unannounced and took place on 04 October 2018. The inspection was completed by one inspector. This was the first inspection since registration on 12 October 2017.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the three people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with two people who live in the service, three staff members and the registered manager. We requested information from eight professionals including the local safeguarding team. We received responses from five.

Is the service safe?

Our findings

The young adults were protected, as far as possible, from any form of abuse. Staff received training in adult and child protection because of the nature of the service. They clearly described how they would deal with any issues relating to people's safety. Staff were confident that the registered manager would take immediate action to ensure people's safety. People told us they felt safe living in the home and felt the staff team protected them. Staff described their contact with other professionals to try to ensure an individual was as safe as possible in the community.

Some excellent practice involved young people being assisted by discussion, specific education programmes and counselling to keep themselves safe. For example, sessions about drug abuse and alcohol abuse were provided and other resources were made available. In communal areas there was information about anonymous help and support lines for a variety of different issues, often associated with difficulties young adults have to deal with.

The local safeguarding authority told us they had received no information about the service and to their knowledge there were no safeguarding concerns. Professionals commented, "I have only ever had a positive experience when I've visited Purley House." They told us they were happy people were safe and being well treated and had never seen anything they were not comfortable with.

The young adults, staff and visitors were kept as safe from harm as possible. The service had a detailed overall health and safety policy. Maintenance and safety checks were completed at the required intervals. For example, there were records of gas safety and water temperature checks. There were robust fire safety procedures such as regular fire drills, a fire plan and weekly fire checks.

The regular checks and audits were completed on the computer system which triggered automatic alerts, via e-mail, to the registered manager if any of the checks were outstanding. Health and safety and safe working practice risk assessments were in place. Examples included, lone working, use of domestic machinery and legionella. Service specific risk assessments included sharp objects and use of window restrictors.

The service had developed very detailed and instructive risk assessments and risk management plans for individuals. These were extremely person centred and informed staff how to support people as safely as possible whilst allowing people as much independence as possible. Individual risk assessments and management plans were agreed with the young adults, their care managers and other relevant parties before being implemented. Risk assessments included, smoking, missing from care and verbal aggression. There were additional risk assessments for group living and for individuals within the group living situation. These covered areas such as who related well to who and who could be safely left alone with who.

There were written instructions for staff to consult in emergencies and a 24 hour on call system for staff. People had personalised emergency and evacuation plans tailored to their particular needs. The young adults, additionally, had written plans for what they should do in emergency situations such as if the staff

member became ill or they needed emergency services.

People's safety was further considered because the service had a procedure for learning from any accidents or incidents. There had been no accidents or incidents since the service registered. However, the registered manager was able to describe how the staff team would minimise the risk of recurrence and learn from them.

The service was clean, hygienic and exceptionally well presented on the day of the inspection. Staff and young people followed infection control guidelines and the young adults were encouraged and supported to take a pride in their communal environment and private space.

The young adults, currently in residence, dealt with their own finances with help and support. Their support needs in this area of their daily living were clearly described in individual care plans.

The young adults who currently lived in the service did not display behaviours which could cause distress or harm to themselves or others. However, care staff were trained, by means of a nationally recognised system, in the use of techniques to reduce anxiety, distract and divert people from harmful or distressing behaviour. They were also trained to use physical interventions, as a last resort, to keep people safe. Training was updated annually to ensure staff were confident to use it. The service had not used any physical interventions in the previous 12 months.

Some people were assisted to ensure they took their medicines safely. Staff were trained in medicine administration and their competency in this area was assessed regularly. The service ensured the young adults could take as much responsibility for their medicines as was safe. They made agreements with individuals with regard to their care plans and how to increase their independence. Whilst staff were supporting people with their medicines they used a monitored dosage system. This meant the medicines were packed and supplied by the pharmacist and given to people out of special boxes. Medicines were checked against medicine administration record sheets (MAR) and signed in when delivered to the service. They were stock controlled by being counted and recorded whenever they were given. The MAR sheets were handwritten by staff members from the prescription written by the GP. Medicine was safely stored and no errors had occurred during the preceding 12 months. Young adults did not have medicines prescribed to be taken when needed, at this time. They could ask for pain medicines or other homely remedies, as needed.

Staffing ratios were sufficient to enable staff to meet people's diverse, assessed needs. The young adults were independent in many areas and could be left alone for periods of time. There was one staff per shift during the day and one staff member sleeping in at night. Staffing was flexible and the registered manager could make immediate changes, dependent on people's needs. For example, staffing was increased temporarily to support young people with behavioural or exceptional daily living needs. Staffing was based on the needs of the group of young adults currently residing in the service.

The young adults were provided with care by staff who had been carefully checked to ensure, as far as possible, they were suitable and safe to work with them. Recruitment processes included safety checks such as Disclosure and Barring Service (DBS). The DBS checks confirmed that employees did not have a criminal conviction that prevented them from working with people. Application forms were detailed and fully completed. References were requested and validated, as necessary and any gaps in work history were explored at interview. Notes of interview questions and answers were kept and candidates' values and attitudes were explored, in detail. Equality and diversity was an integral part of the recruitment process as were candidate's views on equality and discrimination.

Is the service effective?

Our findings

The young adults benefitted from a highly effective staff team who met individual, identified needs. Support plans were of exceptional quality and provided staff and other external professionals with all the necessary information to enable them to offer people the best and most appropriate care and support. Information was completely up-to-date and relevant to the young adult's current needs.

The young adults were offered support from a well-trained staff team. Staff told us they had, "Super" opportunities for training and personal development. The organisation had a training co-ordinator who identified and organised any necessary training and ensured staff understood the training they had completed. Staff were provided with any special training prior to a young person moving into the home. For example, alcohol and drug awareness, sexual behaviour, self-harm and food. The registered manager told us that all staff were expected to complete a nationally recognised qualification at level three or above. All staff had completed the training identified as 'core' training by the organisation. This included fire awareness, first aid and food hygiene.

Staff were properly prepared to enable them to meet people's needs. The service had a robust induction process which included the completion of an induction booklet. Additionally, all staff had or were completing the care certificate (a nationally recognised set of standards for care staff.) New staff completed the care certificate as an induction tool whilst more experienced staff were completing it as a refresher and to check their skills were current. Staff told us they had an excellent induction and did not work alone until they were experienced and confident enough to do so.

The staff team were well supported to meet the young adult's diverse needs. Each staff member had a supervision contract and supervision (1:1 meetings with senior staff) were held every six to eight weeks. They were used to discuss areas such as individual performance, training needs and key worker issues. Staff told us discussions with senior staff were not just confined to formal supervisions but they could seek advice or support whenever they needed to. Additionally, every six weeks the service had a 'critical reflection group'. This was a meeting where an external professional led the staff team in discussions about the particular needs of individuals and the best ways of supporting them. Annual appraisals were held and along with supervision were used to inform individual staff development plans. Staff told us the registered manager was, "Very supportive" and one said, "the management team is very accommodating and supports us with the work we do."

The young adults were supported and encouraged to look after their physical and emotional health and well-being. Support plans covered all aspects of care including specific health needs. For example, plans refer to encouraging and supporting people to stop smoking. Detailed records of any referrals to other specialists or therapists were kept and included the outcomes of the appointments. A professional told us, "[Name] was promptly registered to health professionals, and appointments made."

The young adults were benefitting from the use of appropriate assistive technology and IT systems. These included the use of computerised records and IT systems for social interactions and information.

Young adults were encouraged to make decisions and choices of their own and were involved in all decisions taken about their life. Staff acted in the best interests of the people they supported. A professional commented, "The balance is good between doing what is best for [name] without restricting his liberty."

The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. None of the young adults who lived in the service lacked capacity and none were deprived of their liberty. The registered manager and the staff team fully understood DoLS should they need to use the process in the future.

The young adults were supported to budget for, buy and prepare their own food. They were encouraged to eat a healthy, well-balanced diet. However, they made their own choices whilst staff advised them of the benefits and risks of unhealthy eating. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals as necessary.

Is the service caring?

Our findings

The young adults were supported by an enthusiastic, caring and committed staff team. Staff told us about the needs of the young people and spoke with compassion and sensitivity about the difficulties they had and continue to overcome. The young adults told us they were treated with respect and kindness. One said, "I treat them with respect and they give me respect it's 50/50 and they're very fair." During the visit staff demonstrated respect, kindness and patience when dealing with a challenging situation. A professional commented, "I have only ever had a positive experience when I've visited Purley House and I've seen all the [young adults] living there being very well taken care of and happy."

The staff team and resident group were very small and consequently able to develop close positive working relationships with people. The registered manager and care staff knew the young people's needs exceptionally well. There were clear examples of young adults progressing from not trusting anyone to developing trusting and positive relationships with the staff within a few months. A professional made positive comments about the progress people had made because of the successful relationship building. The young adults were supported to develop and maintain established important relationships and to build new ones, as appropriate.

The young adults were able to talk about their feelings and their needs. However, other individual methods of communication and the alternate ways they expressed their feelings were clearly noted in support plans. For example, the way people behaved. Young people had weekly key worker meetings where their views and opinions were asked for and their responses recorded. At key worker meetings staff discussed individual's care, progress and future plans. Regular house meetings, in which people could express their thoughts and feelings as individuals and as a group, were held and outcomes recorded.

The aim of the service was to support young adults leaving care to develop as much independence as possible, before moving into their own accommodation. Consequently, the staff team were focussed on helping people to develop independence in all areas of daily living. Plans included detailed information about how the young people were supported to make decisions, choices and take control of their lives. Detailed risk assessments supported people to live their life as independently and safely as possible. It was recognised that young adults would not always make wise decisions or choose to accept the advice of care staff and other professionals. However, they had access to internal and external counselling and advice, to give them the best chance of making positive and beneficial decisions.

The young adults were supported to find an advocate where needed. Details of advocacy groups were displayed in communal areas and included in the 'welcome book' people received on admission to the service. Contact details for placing authorities' advocacy services were held and people were reminded through keyworker sessions of their right to use these services if they wished to.

The staff team respected people's privacy and supported them to respect each other's. The young people could lock their rooms to ensure their belongings were safe and completed personal care without being observed or physically supported unless it was necessary for safety reasons. Staff did not enter people's

private space without an invitation and did not talk about them in front of others. Additionally, and as a demonstration of excellent practice, staff asked people if they could talk about any personal issues and did not pursue the conversation if permission was not granted.

Staff met the young adults' diverse needs. The service had a robust equality and diversity policy which included the seven protected characteristics. It noted that the organisation was "committed to advancing equality and eliminating discrimination". Staff were trained in equality and diversity and in how to put it into practice in their daily work. There were examples of staff supporting people with regard to specific lifestyle choices. Staff were committed to supporting people to meet any specific special needs and individual support plans noted, for example sexual orientation and any family cultural beliefs.

The staff and management team understood the importance of confidentiality and safety of people's information. People's records were held on computer, password protected and only shared with others as was necessary.

Is the service responsive?

Our findings

The young adults were supported by a registered manager and staff team who were exceptionally responsive to enable them to meet people's quickly changing needs. Staff were trained in all aspects of the support an individual required so they could respond immediately to any presenting needs. A young person told us the staff, "Know me well and can help me with anything."

The service was extraordinarily person-centred and revolved around the needs of the young adults who live there. A staff member said, "The values here are sound and the young adults always come first." People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. For example, one isolated person who found it difficult to interact with others was supported to increase their life and social experiences. Staff, through a detailed assessment and plan of care, developed trust and respect between them and the person. Additionally, the service sought support and advice from other professionals. Their work has resulted in the person being able to engage with community groups, interact with health and other professionals and be involved in the review process. These and other developments have given the individual more confidence and assisted them to progress towards independent living.

There were examples of excellent responsive practice. These included, a person's behaviour causing them distress and additionally they did not interact with staff or engage with other professionals. The service initiated focussed key worker and counselling sessions around specific areas of support and diversity. This resulted in the person making major progress, being able to deal with difficult issues had greatly reduced their distress and improved their emotional well-being and enjoyment of life.

The service used person focussed one to one work with each young adult and had succeeded in teaching skills such as budgeting, food preparation and job applications. Some people were ready to move to their own flats and live independently. One young adult told us the prospect of living independently was, "Exciting and a bit worrying but staff will support me through it." They told us staff had worked hard with them, vastly increased their confidence and helped them to enjoy life.

The service responded to other people's health issues and was making very positive progress in encouraging healthy eating and exercise by providing enjoyable ways of exercising, encouraging independent food shopping and supporting regular activities. Staff used their outstanding skills, training and excellent knowledge of the individual to persuade, support and encourage them to make positive choices for their well-being and future development.

The service had creative ways of ensuring people were seen and supported as unique individuals. For instance, keyworkers held weekly meetings and wrote monthly reports about the person. The records included positive achievements and any progress made. These included meeting objectives on their development plan and behaving in positive ways. Examples included attending college, attaining qualifications, attending meetings and supporting other young people. These records helped the young people to see the progress they were making, gave them confidence and boosted their self-esteem.

The young adults were especially well supported to attend their reviews and were always involved in the decision-making processes about their care. Staff empowered them to attend reviews if they were not confident to do so. They did this by following a specific development programme to explain the importance of their participation and their right to make decisions and choices for themselves as they became young adults. Some of the people who did not attend their reviews and meetings prior to residing in Purley House, now did so and were aware of their rights and responsibilities. They fully contributed to care planning and development plans and made agreements with staff, families (if appropriate) and other professionals to support them to reach their goals.

The service assessed people's needs monthly, at weekly key worker meetings and formal six monthly multi-disciplinary reviews. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded exceptionally quickly to people's changing needs.

The staff were exceptionally active and creative in finding appropriate daily activities and social groups for young adults. They encouraged people to participate in activities that enhanced their lifestyle, assisted with their emotional and practical development plans and that they enjoyed. For example, some people attended specific college courses to enhance daily living skills such as cooking, some people were found opportunities to attend work experience and some were supported to attend community 'clubs' where they could acquire social skills. People agreed to pursue structured activity programmes some of which had resulted in people obtaining nationally recognised qualifications to assist them to seek employment and independence.

The staff team were especially skilled at protecting the young adults from any form of discrimination. The staff and management team were trained in and knowledgeable about equality and diversity. The service was committed to non-discriminatory practice relating to people and staff. People who use the service were included in non-discriminative behaviour and principles. The service's Statement of Purpose noted, "We are committed to a pro-active approach to promoting a culture that celebrates race, culture, religion and diversity in our young adults, their families, our staff and the community. All staff are informed of this on commencing their employment and it is included within our staff handbook. Young adults are also informed of this on admission to their home and it is included in their 'welcome book'.

Anti-discriminatory practice was discussed in team meetings, and through consultation with young adults and individual supervisions when required. The values expressed were used in the daily work of the staff team. For instance, the registered manager was knowledgeable about the protected characteristics and supported people and staff with their diversity. For example, staff found relevant community groups as appropriate and necessary. The service had a detailed guidance and model policy for intimate personal care of young adults. This recognised gender issues and ensured best practice was followed. The staff team was all female and the young adults were male. However, this issue had been recognised and addressed by male staff from other services completing some of the support work and acting as role models to the young adults.

The service ensured people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The current resident group could access information in the usual way. However, the service was ready to provide information in alternative ways, if and when necessary.

The service had a robust complaints procedure which was displayed in communal areas and incorporated

into the statement of purpose. The service had received no complaints since registration. The young adults had regular contacts with other professionals, families and non-formal advocates if they wished to make a complaint. People told us they could talk to the managers or other staff who would always listen to what they had to say and respected their views. One person made a complaint about the service to us, on the day of inspection. The registered manager was aware of the particular issue raised and there was evidence that it had been and was being dealt with appropriately.

Is the service well-led?

Our findings

The young adults benefitted from excellent quality care provided by a staff team who were exceptionally well-led by the registered manager and management team. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had been in post since registration in October 2017. She was well qualified, experienced and well-trained. She knew the service and the individuals who lived there extremely well and was totally committed to providing person-centred care to individuals. The registered manager was always available to the service but did not work there on a daily basis. She was supported by an interim manager, who worked in the service all the time, and a team leader. The small, supportive staff team was committed, highly skilled and knowledgeable.

Staff described the registered manager as, "very supportive and approachable." One staff member said of the registered manager, "She is supportive, accommodating and caring of the young adults and staff team." Staff told us the organisation was "Caring" and described how they were rewarded for good work and provided with staff days. These allowed staff to have time out to build teams and relax. They gave an example of a team pampering day and access to a staff 'perk box' which provided staff with cheap meals, gyms and other treats.

People benefitted because the registered manager had created an exceptionally open culture and had developed extremely positive values within the service. The Statement of Purpose featured a list of positive values which included, independence, risk taking, fulfilment, rights, choice and dignity. Each value was described in detail as was how they were to be adhered to. Staff and the young adults fully subscribed to these values which were reflected in the attitude and behaviours of people and the staff team. The young adults benefitted from inclusion in the understanding and pursuing of the values in everyday living. The values assisted them in personal development and maturity. Staff told us they were very happy working in the service and cited the strong value base as one of the reasons. They felt included in decision making and improving the service. Effective supervision and support from the management team had developed a strong staff team who were confident in working with the young adults and their varied needs.

The young adults benefitted greatly from the excellent links the service had made in the local community and with other professionals. The registered manager and the staff team understood the importance of working within a multidisciplinary team that focused on person centred care and the benefits that young adults would derive from accessing community groups. For example, a local police representative attended management meetings in the service to report on any issues in the area that may affect the young adults. They also offered advice and support to individuals to enable them to keep safe and crime free. The young adults attended local community groups where they could enhance their learning and social skills. A professional wrote, "The partnership [between the social worker and the service] is interactive and therefore any suggestions and decisions are made on a joint basis."

The young adult's records and the standard of record keeping by the staff team was of excellent quality. IT systems were used to create safe and easily accessible record keeping systems. All records were totally person-centred, detailed and exceptionally reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences and choices and recorded all information pertinent to the young people's current and future care. For example, progress reports, therapeutic interactions and key worker discussions. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The staff team were exceptional at taking into account the views and opinions of the young adults. The service adhered to the values of 'rights' described as, "the rights of citizenship are safeguarded for all young adults. Work should be conducted in a manner that facilitates empowerment and makes appropriate use of advocacy" and 'consultation'. Described as, "The importance of consulting with the young adults we support and ensuring that their views are heard and listened to."

The service and the organisation had developed numerous innovative ways of providing people with the opportunity of voicing their views and opinions. For example, a house meeting where the young adults met together as a group to discuss a variety of subjects was held monthly. Topics included, relationships in the service, the service itself, employment and independence. The young adults were supported through weekly key worker sessions to have access to their electronic records and comment on these should they wish to. The registered manager met with the young adults as a group consultation and on a 1to1 basis at least every six months.

Young adults were provided with a feedback questionnaire every six months. They were provided with a written response to this feedback with details of actions that may be taken as a result of sharing their views. At the beginning of each year people were supported to give ideas for home development and this was incorporated into the service's development plan.

The organisation had a 'Children's Council' that met every three months. The young adults were encouraged to participate in the Council both directly, by attending meetings and being an active council participant, or indirectly by contributing their ideas or thoughts via staff or other council members. The 'Calcot Council' won an 'Inspiring Project Award' in 2016, awarded by the British Youth Council. People told us they felt involved in making plans for their lives and felt they were listened to.

The views and opinions of the staff team were valued and their knowledge and expertise was utilised to create ways of providing the best support for individuals. Daily handovers were held where each young adults' current needs were discussed in detail. Monthly staff meetings included topics such as individual's needs, service developments and information regarding new practices or new legislation. A six weekly 'critical reflection group' afforded staff a further opportunity to discuss ways of working with individuals, practice issues and the putting forward of ideas.

Staff told us they felt that they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the registered manager listened to and acted upon their comments and ideas as appropriate. One staff member gave an example of suggesting a way to assist someone to be more comfortable about a new enterprise. The management team had agreed to their suggestion and as a result a young adult told us "[Staff member's name] is helping me turn my worries into excitement."

Good governance of the service benefitted the young adults because it ensured the quality of care was

maintained and enhanced. A variety of auditing and monitoring systems were in place. For example, regular health and safety audits were completed at appropriate frequencies. IT was used to simplify the quality assurance process and alerted the registered manager if there were any omissions or shortfalls in the auditing systems. The registered manager and the staff team completed regular audits of care plans, medicines and other records. The interim manager completed a monthly audit check list which included areas such as key worker sessions, health appointments, records of therapeutic interventions and support plans. Management meetings were held monthly to check all areas of care. Policies and procedures were up-to-date, regularly reviewed and were of excellent quality.

A plan was developed and actions were taken as a result of listening to the young adults, staff and the various auditing systems. These included, a makeover of the sitting room, a bigger TV, new garden furniture and a new microwave. Other developmental targets agreed with young people included, registering with housing providers, participating in healthy eating education and providing support to meet career advisors.

No statutory notifications had been sent to the CQC. However, the registered and interim managers understood when statutory notifications had to be sent and the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation. For example, the accessible information standard and the duty of candour.