

St Luke's Trust

# St Lukes Lodge

## Inspection report







Mill Lane  
Padworth  
Reading  
Berkshire  
RG7 4JU

Date of inspection visit:  
28 April 2016  
29 April 2016

Tel: 01189713951

Website: [www.stlukestrust.org.uk](http://www.stlukestrust.org.uk)

### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 April 2016. We gave the registered manager short notice as we needed to be sure people would be there and to avoid undue stress to individuals who have needs on the autistic spectrum.

The service was last inspected on 7 January 2014 and was found compliant with the outcomes inspected. St Lukes Lodge provides a supported living service to people with moderate to severe learning difficulties. Seven people were living in the main house (St Lukes Lodge) with a further three people who could manage with less intensive support, living in another building on site (Lyndale House). Twenty-four hour support is provided by a consistent team of staff.

A registered manager was in place as required in the service. 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.

People using the service preferred to be referred to as tenants and each had an individual tenancy agreement which described their responsibilities and those of the provider. In order to respect their wishes, we have referred to them by this title throughout the report.

Tenants felt the service was well-led. Staff told us they felt involved in the running of the service, valued and listened to by the registered manager. Tenants, staff and external health and care professionals felt the manager was approachable and we saw tenants had a very positive relationship with him. Monitoring systems, internally and externally, were comprehensive and effective and led to timely action whenever an issue was identified. The views of tenants and their families were sought and acted upon. The service sought to continually develop and improve the experience and quality of life of the people it supported and very much involved the tenants and put them first.

Staff received a thorough induction based on the national Care Certificate competencies and their skills and knowledge were rigorously and regularly checked thereafter. They received thorough ongoing training with regular updates and had additional learning and information resources available to encourage self-directed learning. Staff were very well supported through regular supervision, team meetings and annual appraisals. They felt a sense of ownership of their key roles relating to the operation of the service and were highly motivated and enthusiastic. Staff felt their skills were continually monitored and developed; and they were well trained and supported.

Tenants felt the service was very responsive to their needs and provided them with excellent support. Support was provided based on detailed care plans and supporting documents which reflected individual's wishes and aspirations. The service was very individualised proactive and adopted imaginative and creative ways to meet tenant's needs and enhance their lives.

Tenants felt safe and well cared for. The service had effective systems and training to safeguard them from harm and staff were fully aware of their responsibilities to protect people and how to report any concerns. Exceptionally, tenants had also attended training on safeguarding to help them to keep themselves safe. Tenant's rights and freedom were actively protected by staff who had a good understanding of relevant legislation and put this into practice consistently in their day-to-day work. The staff recruitment process was robust. Tenants were actively involved in the process and their views about potential candidates were sought and listened to.

The service was highly skilled at positively empowering individuals and encouraged them to learn new skills and try new experiences. Tenant's areas of interest and existing abilities were also actively encouraged and facilities and equipment were provided to ensure their lives were fulfilled. We saw numerous examples which demonstrated how the service had a positive impact on tenant's lives.

Tenants had made very significant improvements to their lives. They had developed their self-esteem, confidence; were learning to manage their own behaviour and choosing healthy lifestyles with the active encouragement of staff. Support and care was provided in a highly person-centred way and tenant's individuality was positively valued. Interactions showed staff and tenants clearly had extremely positive relationships and tenant's independence and involvement in decision-making were always actively encouraged. Staff always respected tenant's dignity and privacy and worked in a friendly, calm and respectful way alongside them.

The environment and grounds were continually developed and enhanced in response to tenant's needs, wishes and suggestions. Tenant's views were sought about décor. Their choices were respected and everyone contributed towards the development and maintenance of the environment. Tenants took pride in their contributions and enjoyed a healthier lifestyle as a result.

Health and safety and fire safety matters were comprehensively managed and monitored by designated staff who understood the importance of their role. Tenants had also attended training to increase their awareness of these issues. Where necessary, tenant's medicines were well managed on their behalf by staff. However, where an individual could manage their own medicines, this was enabled to the fullest extent possible with staff maintaining an overview to ensure they continued to manage them safely.

## 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.

Staff were trained and aware of their responsibilities around keeping people safe and understood what to do should they have any concerns. Tenants felt safe in the service.

Health and safety and fire safety checks were well managed and equipment was regularly checked and serviced.

The recruitment process for new staff was robust and actively involved the tenants within the service.

Medicines were managed safely and tenants could be responsible for their own medicines if they were able to manage this.

### Is the service effective?

Outstanding 

The service was effective.

Tenants were very happy with the support they received and felt their views were listened to. They were actively encouraged to develop and maintain their self-caring skills.

Staff were person-centred and proactive in enhancing tenant's knowledge, quality of life and experiences and finding creative solutions to issues. The service clearly demonstrated how the support of staff had positive impacts on tenants.

Staff were well trained and their skills and knowledge were monitored on an ongoing basis. Staff also received effective support through supervision and appraisals and felt supported and valued.

Tenant's rights and freedom were respected and staff worked actively to promote these. Their nutritional and health needs were well managed.

The physical environment was subject to continual improvement to adapt to people's needs and enhance their lives.

### Is the service caring?

Good ●

The service was caring.

Tenants felt well cared for and valued and we saw they had very positive relationships with the staff. Independence and decision-making were actively encouraged.

Staff worked calmly and positively. They respected people's rights, dignity and privacy and put tenant's needs first.

Tenants were involved in decisions about the service, recruitment and policies and procedures.

### Is the service responsive?

Good ●

The service was responsive.

Tenants felt the service was very responsive and provided them with excellent support based on detailed care plans and supporting documents.

The service was proactive and creative in response to tenant's needs.

A wide variety of opportunities for skills development, entertainment and access to community activities was available.

Care and support was very much tailored to people's needs and focused on encouraging and maintaining tenant's skills and independence.

### Is the service well-led?

Outstanding ☆

The service was well led.

Tenants, staff and external professionals all felt the service was well led. The manager was seen as accessible and approachable.

Staff felt their skills were continually monitored and developed; and they were well trained and supported.

Members of the staff team had key responsibilities for areas of the service, so they felt involved and valued. Staff were very positive and enthusiastic.

Monitoring systems were comprehensive and effective and led to action. The service sought to continually develop and improve.

The views of tenants and their families were sought and acted upon.

---

# St Lukes Lodge

## **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.

We last inspected the service on 07 January 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 28 and 29 April 2016 and was announced. The provider was given brief notice because the location provides support for adults, some of whom are often out during the day and we needed to be sure that someone would be in. Some people also had needs on the autistic spectrum and would be able to cope better with an inspection, when made aware of it in advance.

This was a comprehensive inspection which was carried out by one inspector. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

The service supports up to seven people in the main house (St Lukes Lodge), and up to three in a separate building on the same site, (Lyndale House), who are able to manage with less intensive support. In addition the service provides day-care support to some other people living in the community. This element of the service falls outside of the remit of the registered Regulated activity and is not, therefore, directly inspected.

The people supported, referred to as tenants, have needs arising from learning disabilities. Some tenants were able to give us verbal feedback about their experience. We observed the interactions between tenants and staff and how staff supported people to meet their needs. We had lunch with tenants on the second day of the inspection to help us understand their experience. We spoke with three of the tenants during the inspection. We also spoke in detail with five staff and the registered manager. Prior to the inspection we contacted representatives of the placing local authority and healthcare professionals to seek their views.

We reviewed the care plans and associated records for three tenants, including risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools.



## Is the service safe?

### Our findings

Tenants told us they felt safe within the service. Their comments included, "I like it here, I feel safe" and "I feel very safe here". No safeguarding events had occurred since the last inspection in January 2014.

Staff were aware of their responsibilities around safeguarding people from abuse or harm. They knew the reporting process and were aware of how to escalate concerns if necessary including contacting the local authority safeguarding team. Staff knew to record any injuries, noting and reporting any comments of concern or allegations. Staff also understood the need to record changes in people's behaviour and response to others, or signs of withdrawal. Staff also explained that because they knew people well, this would help them recognise any non-verbal signs of distress. An information poster about safeguarding and whistle-blowing was posted on the office wall together with the necessary contact numbers.

Tenant's individual files contained relevant risk assessments. These identified the risk and described steps to minimise it without being restrictive.

One staff member had delegated lead responsibility for regular health and safety checks. Records showed that all required regular servicing had taken place and any issues identified had been promptly addressed. Regular in house safety checks had also taken place and the staff member carried out weekly health and safety examinations of the premises. Daily tests such as of hot water, fridge and freezer temperatures were also completed and recorded. Staff had access to a list of contractor contact numbers should an emergency arise. To reduce the risk of Legionella a programme was in place recording weekly running of all tap outlets. A testing kit had been ordered from a suitable contractor and was due to arrive the day after inspection. Monthly checks were also completed of the service's vehicle and also the mobility vehicle belonging to one tenant.

Another staff member had lead responsibility for fire safety matters. Records showed that fire safety equipment was regularly checked and serviced and action was taken in a timely way to address any issues which arose. The fire risk assessment had recently been reviewed in March 2016 and a tenant evacuation plan was in place.

The service employed sufficient skilled and experienced staff to provide the range of support people required and they were deployed in accordance with people's needs. Staff turnover was low, which ensured tenants received excellent continuity of care from staff who knew them very well. One new staff member had been recruited since the previous inspection and they were still working through their induction.

One tenant told us the service was, "careful about staff appointments". The staff recruitment process was robust and the required checks took place. Tenants were involved in the recruitment process, both as part of the interview process and informally through meeting potential candidates. Staff sought tenant's views having spent time in the company of candidates and where doubts were expressed these had been taken into consideration in the process. This was confirmed by one of the tenants who said the staff, "Ask our opinion re potential staff and they meet candidates". Another tenant said they "Interview new staff and the

staff see how they treat us".

Tenants were supported with their medicines in accordance with their needs. One tenant was responsible for collecting their own medicines from the pharmacy as well as self-administering them. The only involvement of staff, following risk assessment and with the person's agreement, was weekly checks of stock. Discussions had taken place with people about the reasons for their medicines, so they were able to give as informed consent as possible to them. Where tenants were prescribed medicines PRN (as required), individual PRN protocols had been prepared so staff knew the circumstances when the medicine should be given.

Controlled medicines, where prescribed, were recorded on the medicines administration record, rather than in a separate bound log, with two staff signing on every occasion of administration. Following the inspection the registered manager consulted with the pharmacist and introduced individual controlled drugs logs, which provided the best-practice daily stock count for these medicines. Individual guidelines were in place describing the appropriate circumstances for administration and the process of getting the registered manager's approval.

The regular medicines procedure was in accordance with national best practice guidance. All administration was covered by double staff signatories which helped to minimise the risk of errors. The medicines 'lead' person checked stock and records weekly to monitor the process. Records included medicines recognition sheets with pictures of tablets to help staff confirm they were correct. Staff had been observed administering medicines until deemed to be competent but no written record of competency was present. The new Care Certificate competency format which was just being introduced for existing staff, would, however, address this. Tenants had annual medicine reviews to ensure their medicines remained appropriate.

The staff member with delegated lead responsibility for oversight of the service's medicines management described how an emergency information form had been completed for each tenant, which included details of any prescribed medicines. These forms were used in the event of admission to hospital or other emergency, to ensure that key information was available to staff or relevant healthcare professionals. Copies of the tenant's forms were held within their residence and also in the day care building, for ready access.

## Is the service effective?

### Our findings

Tenants were extremely positive about the support they received from the service and from other sources arranged by staff, including the advice and support from external healthcare specialists. One tenant said, "Staff are interested about me and my family, they do a lot for me". They added that they, "get on well [and] do their own shopping, cooking, banking and medical appointments". A tenant told us about the physical improvements to the grounds of the service which they had helped with and how their confidence had been enhanced due to the support of staff. They described staff as, "Kind and supportive" and added that they were, "All good to me".

One representative of the local authority described staff as, "very helpful, caring and proactive when it comes to financial wellbeing". They said of the service, "I like the way they not only look for solutions to problematic situations, but actively look towards putting things in place that improve and enhance the day to day lives of their residents". An external health professional had written to the provider to complement the staff on their knowledge about tenants and their prioritisation of people's needs. They also praised the staff's positive encouragement of healthy lifestyles, whilst respecting tenant's right to make unhealthy choices where they wish to do so. The registered manager stated in the pre-inspection provider information return, "Our down-to-earth approach with an attitude of nothing is impossible helps us to promote self-esteem and individuality". We saw evidence of this respect for individual's choices and of creative responses to issues. For example the service had, supported one tenant to set up a well-equipped woodworking workshop in an on-site outbuilding, to support their keen interest in this hobby.

The support provided by staff at St Lukes Lodge was exceptional, proactive and very much person-centred. Things that had a negative impact on individual's lifestyle and wellbeing had been identified and addressed through actively involving tenants. The registered manager described numerous examples where the work of staff had led to positive improvements in tenants, behaviours, responses to stressful situations or negative reactions to clothing items. For example, one tenant's ability to cope with healthcare appointments had improved significantly, following excellent support from staff on desensitizing them over an extended period. This meant their healthcare needs could be effectively met so they enjoyed improved well-being.

Another tenant who previously refused to do so, was now able to tolerate wearing their prescription glasses, following sustained support and encouragement by staff. This had significantly improved their experience through being able to see more clearly whilst enjoying their daily activities. Their self-esteem had also been positively enhanced by staff persistence with encouraging the tenant to wear items of jewellery which they previously had been unable to cope with wearing. They were now more aware of their self-image and their confidence in social situations had increased.

Another tenant proudly told us about how they had been supported by staff to take part in a weight-loss programme. They told us how their lifestyle had been significantly improved as a result, through having more energy and being able to participate in and enjoy more physical activity. It was clear from their demeanour, having met them at a previous inspection, that this had also had a very beneficial effect on their

self-esteem and confidence. They were now much more willing to instigate and take part in conversations, rather than only providing limited answers to questions.

Other examples of beneficial outcomes for tenants from the support given by staff included enabling people to enjoy more relaxed and regular access to the community, participation in favourite activities, and improved family relationships. These included, in one instance, significant work with a tenant on their fear of dogs, which had previously curtailed their enjoyment of and access to the community. The work and support from staff had enabled them to now take a dog for a walk. They had also worked with a programme of staff support on their negative reaction to children when out in the community, which had limited their opportunity to go swimming in public pools. This was an activity which they could now take part in and very much enjoyed.

Support had been sought from external health practitioners where required, to provide a holistic approach to tenant's needs. For example by involving health practitioners in best interest discussions regarding proposed treatment, such as dental extractions and use of anaesthesia. This meant tenant's needs were central to the resulting treatment decision. Staff were also highly skilled at involving the tenant themselves in such decision making as much as they were able, or their representatives were consulted on their behalf, as part of the best interests process.

The service also provided day-care support to a number of people living elsewhere in the community. This was well managed so that the two aspects of the service worked well together and did not conflict with the effectiveness of the service to tenants. Both tenants and people receiving day-care support integrated well and all had contributed to the development and enhancement of the environment and facilities for everyone, as part of developing their individual skills. For example by having being involved in planting, fence building and other improvements to the external environment.

The service had creative ways of delivering and reinforcing training to ensure staff could effectively meet the needs of tenants and enabling tenants themselves to contribute toward meeting their own needs. For example through the regular assessments of staff skills and competency and the inclusion of tenants in some training courses. The service sought to enhance tenant's skills and awareness in areas such as health and safety, fire safety, first aid, food safety and keeping safe. Exceptionally, tenants, where able, were invited to attend these training courses alongside staff. Staff provided ongoing guidance in these areas, to ensure people maintained the skills they had learnt.

One staff member had lead responsibility for overseeing staff training. Staff received an initial induction and core training in all of the required areas and well as other specialist training in key areas such as autism and nutrition. Training was updated every one, two or three years. Courses were run on more than one occasion each time to ensure all staff had the opportunity to attend. Staff had individual training records which documented their training history. In between scheduled training updates, staff could access computer-based training resources, to provide self-directed learning updates, and were actively encouraged to access them.

The most recently recruited staff member was undergoing induction and had commenced the national Care Certificate programme. The induction process allowed staff time to shadow more experienced colleagues and new staff were supported until they felt ready to work independently. Exceptionally, existing staff were also subject to annual "Holistic Observation in The Workplace" assessments based on the competencies of the national Care Certificate. This was in order to ensure all staff maintained their knowledge and skills. The assessments identified any issues requiring action and noted the action taken.

Staff received two yearly updates to training on autism from the local authority and this was booked for May 2016 for all staff, to provide targeted training directly relevant to tenant's needs. This and the detailed information about the impact of autism on individuals, meant staff were equipped to support tenants effectively around these needs. Training had also been provided to all staff on other specific health-related needs.

The registered manager told us and staff and records confirmed, supervision was provided to staff on a six-to-eight week basis as well as annual performance appraisals. All staff had their most recent appraisals in November 2015. Staff said they found the process positive and constructive for their continued development. Additionally to regular supervision, staff had monthly individual assessments of key areas of their knowledge, practice and competency to identify any gaps in their knowledge. These were then addressed in discussion or through additional training if necessary. Records demonstrated how this process worked and the follow up provided. The small size of the staff team and its low turnover meant that issues were discussed effectively and addressed as and when they arose. Staff felt they were always free to raise a concern and there was a climate of positive challenge between team members.

The registered manager and staff understood the implications of the Mental Capacity Act 2005 (MCA), and the associated Deprivations of Liberty Safeguards (DoLS). People living within the service had individual tenancies, signed either by themselves or an appropriate representative. Tenants had various levels of capacity for decision-making in terms of the MCA but their rights were protected. One external care professional commented, "The manager is very forward thinking, approachable and open to independent advocacy."

The 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. Best interests decision had been made where appropriate, for example, with regard to specific dental treatment, routine health screening and eating issues.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. If people are deprived of their liberty in a supported living situation or in their own home, it must be in their best interests and via an application to the Court of Protection as this was a supported living service. We checked whether the service was working within the principles of the MCA. The registered manager had referred four people to the local authority for them to consider whether applications to deprive them of their liberty should be made to the Court of Protection. The registered manager confirmed he would notify us when the outcomes of these referrals had been determined. The local authority held 'Deputyship' for four tenants to manage their finances on their behalf. The service's tenancy agreement included the option for tenants to remain in the service and obtain the support they require with their care. from an alternative provider if they wish, although none had opted to do so. Tenants were supported via Community Care funding from their local authorities.

As a policy the service does not support the use of physical intervention, therefore staff did not receive training on this. Staff were very highly skilled at defusing situations and allowed individuals the space they needed to modify their own behaviour rather than imposing external control on their behalf. For example, one tenant used the garden swing to help them relax when they were feeling agitated. In this way tenants were supported to develop their own ways to manage their behaviour. This meant tenants were able to enjoy increased freedom and a wider range of social and activity opportunities, as we saw from their files and were told by them.

One person's dietary intake was monitored, relating to their specific needs. The advice of dietitians and the speech and language team had been sought appropriately when required. Staff worked effectively with people on individual eating issues where necessary, offering advice and guidance.

Links with health and well-being services were excellent and support was sought from external health professionals in a timely way. Tenant's individual health issues were monitored thoroughly by staff who had been given training by healthcare practitioners to enable them to do so effectively. Tenant's 'Health Action Plans' were live documents which were discussed with tenants as well as being checked and updated at least monthly. They contained a high level of detail regarding tenant's needs. We saw that tenants attended regular routine health checks as well as appointments related to their specific needs. Tenants were encouraged to use appropriate disability aids to maximise their wellbeing, whilst respecting their personal choices. Necessary and beneficial equipment was obtained to enhance tenant's quality of life such as hoists and garden equipment. An external health professional told us, "Staff are proactive in making referrals to health team and act on advice given."

The premises were homely, light, airy and well-maintained. They presented a positive environment and the space available within the buildings and grounds contributed significantly to a calm and relaxed atmosphere. In addition to lounges in both buildings, alternative smaller communal rooms were available. This meant tenants could spend time away from the group if they wished, without having to return to their bedroom, unless they wished to. A sensory room had been provided in the day care area, to which tenants also had free access. The grounds were extensive and included attractive garden areas as well as animal enclosures, vegetable plots, a greenhouse and workshops. There were also buildings for day-care clients (also accessible to tenants), which provided opportunities for skills development including cooking and laundry. Tenants told us about how they enjoyed caring for the animals and plants, and about how staff supported them to develop their laundry and cooking skills. The growing of vegetables had outstanding results in increasing people's skills and self-esteem and they were also able to enjoy the resulting fresh produce.

Staff were excellent at ensuring tenants with diverse needs were not disadvantaged. One example included an area of the grounds, which was being developed specifically to meet the needs of one tenant and their visiting family. A suitable seating area with raised planting was being provided as well as a specially adapted swing. The pathways around the grounds had been provided to ensure that a wheelchair-using tenant could use them and had access to all of the relevant facilities with staff assistance. A wheelchair accessible area had also been provided in the greenhouse area so the tenant could access this activity which they enjoyed.

A variety of seating areas had been created in the garden so tenants could spend time relaxing, eating or chatting according to their preferences. We saw these facilities were widely used and very much enjoyed by tenants with and without staff. This enabled them to have private time away from staff and interact with each other socially to enhance their social skills. Appropriate garden entertainment equipment was also provided to meet individual needs and this too was seen to be very popular.

Staff space was kept to an absolute minimum with a single small office used by the manager and staff, where records were stored confidentially. Tenants had access to almost every other area of the service, which whatever individual support they required.

## Is the service caring?

### Our findings

Tenants were very happy about the approach and involvement of the staff and described them in very positive terms. They felt staff were kind and respected them. They described how much freedom they had to make decisions and explained how staff sought their opinions in various areas. One tenant described how they did their own shopping and cooking with some staff advice around healthy options given their health needs.

The approach of staff was positive and engaging. Staff respected that they were working in people's own home and sought their opinion or agreement to day-to-day decisions. Staff also respected people's own views on their lives, their aspirations and beliefs and supported them to fulfil these. We saw examples of warmth and humour between staff and tenants. Tenants were relaxed and comfortable around the staff and could seek out their company or spend time alone when they wished.

We saw tenants were free to make decisions about their daily lives and activities without undue influence. Staff negotiated with individuals, where appropriate, and took note of their viewpoint. For example, one person proudly showed us the wallpaper he had chosen for his bedroom and another person's room was in the process of redecoration to his wishes. Tenant's health appointment diaries were kept in their own bedroom. One person was largely responsible for arranging and attending their own healthcare and other appointments and sought staff assistance on their own terms when they wished to. Others were consulted about such issues but were not able to initiate the process themselves. Where tenants had been able and prepared to discuss them, their end of life care wishes were documented so staff knew these.

The involvement of tenants in the recruitment process for new staff, respected their right to have a say about the people who would support them. They felt involved and that their views were taken into account in appointment decisions. Tenant's skills and knowledge were also enhanced by their involvement in staff training courses where possible.

Key policies and procedures had been reviewed with tenants, using the services of an external advocacy agency to enable as much involvement as possible. Their involvement had led to changes in policies around safeguarding, complaints, tenant rights and reporting abuse and to the policy on night-time checks.

Tenants' medicines were stored in cabinets in their own bedroom, together with their medicines recording file, which contained the records needed to account for medicines and evidence their administration. Most tenants' medicine cabinets had printed designs on them, which had been chosen by them which helped the cabinet blend into the bedroom décor. This provision helped enhance tenant's dignity and administering tenant's medicines in their bedroom also enhanced their privacy. Personal care support was always provided in private and staff spoke to the tenants respectfully as adults. Personal records were kept securely and confidentially and tenants also respected each other's space and privacy.

## Is the service responsive?

### Our findings

Tenants, their families and professionals were very positive about the service. One tenant told us about the regular external support that had been organised for them in response to their wishes and needs. Tenants told us about the ways they had contributed to the environment and how this had benefitted their confidence and self-esteem. They told us about various opportunities to access events in the community and how they could suggest ideas for outings.

The service was proactive and very much responsive to individual's needs. Tenants and their representatives, where applicable, were involved in decision making about tenant's care, aspects of the operation of the service, staff recruitment and environmental changes. Changes had been made to policies and procedures, in response to tenant's feedback. Facilities for particular animals had also been provided in response to tenant's wishes. The grounds had been developed to provide tenants with a variety of seating areas where they could opt to eat or spend time as well as within the buildings.

The level of support provided with aspects of personal and health care was assessed on an individual basis and provided in so far it was needed or wanted by each individual. Some tenants required only monitoring of aspects of their self-care, while others required prompting or reminding about some aspects of their care or degrees of direct support. All tenants were actively encouraged to make their own decisions and make choices about their lives and activities.

People's care plans reflected their physical, social and emotional needs and were supported, where necessary with positive and enabling risk assessments. The service was very proactive at responding to issues around tenant's health needs and a GP had written to compliment them on this and their general care practice. Staff had been provided with specialist training and guidance to enable them to monitor health concerns effectively. Care plans were regularly reviewed and revised as individual's needs changed. They reflected the degree of self-care individuals could manage and actively encouraged and facilitated this. They were cross-referenced to relevant supporting documents.

Tenants had access to wide range of activities, outings and opportunities to develop their skills and follow their interests. They were supported to have whatever access they wished within the community, including voluntary work. Where tenants expressed an interest in attending an event, staff offered their support to enable it to happen.

A greenhouse had been provided where tenants who wished to do so could be involved in potting and managing plants and planting them out in the grounds. Tenants had also contributed to the preparation of vegetable beds ready for planting annual crops. The majority of the development of the grounds had been done with the active involvement of tenants, often in response to their requests or ideas. Tenants had been involved in a range of skills including gardening, grass cutting, planting, fencing and path laying. Tenants made extensive use of the grounds both alone and with staff.

Where individuals had expressed an interest, a range of animals had been obtained to provide opportunities



for individuals to care for them. The service had goats, chickens and pigs for which tenants took day to day responsibility, with staff maintaining appropriate overview. One tenant's craft skills were encouraged and supported by the provision of a well-equipped workshop with the support of their family, to enable them to pursue their interests.

Tenants had regular opportunities to go on holidays and breaks of their choice, some of which were funded by the provider in recognition of tenant's contributions to the service and its environment. A workshop had been completed with tenants, about keeping safe in the community, in response to their experiences and potential vulnerabilities. One tenant had attended an external computing course and another did voluntary work at a local plant nursery. Another tenant was considering voluntary work in an area of their interest.

With regard to spiritual needs, one tenant had expressed a wish to attend church services and did so. Another had expressed a liking for spiritual music. Arrangements were being made for them to attend a service to hear this.

Equipment had been obtained both for the benefit of all tenants and where an individual need had been identified. For example the provision of the sensory room for everyone and specialist swings and mobility vehicle in response to individual's needs.

The service had a complaints procedure available in a variety of formats to try to ensure it could be explained to or understood by each tenant. We saw that tenants would all have been able to make it known to staff if they were unhappy about something. Staff were familiar with the way tenants communicated, verbally or otherwise. No complaints had been made since the previous inspection. Families and external health and social care professionals had expressed their positive support for the service. No concerns have been raised with us about the service since the last inspection. As and when issues arose they were responded to promptly so did not escalate to become a complaint.

## Is the service well-led?

### Our findings

Tenants were very positive about the way the service was run and how it was centred around their needs. They felt very involved in decision-making about the service and potential future staff, which helped them feel secure and safe. Tenants felt their views were actively sought and acted upon and their chosen lifestyle was respected and encouraged.

The registered manager provided visible and accessible leadership of the service. He worked regular shifts as part of the rostered staff team to ensure he was fully aware of any developing issues or changes in people's needs. This also provided regular opportunities to observe staff in the course of providing support to tenants, to ensure care practice was appropriate. The manager continually strove to develop the service in consultation with tenants and staff. For example, many of the additional facilities and equipment had been provided following suggestions by tenants or staff. There was a positive and open approach to change.

Staff were very positively motivated and enthusiastic and evidently enjoyed their work. They spoke very highly of the way the service met people's needs and about the registered manager. Staff described the manager as, "approachable and supportive", and told us the service was always open to new ideas and development. Staff felt the staff team as a whole, were positive, supportive and highly motivated, as well as being focused on the best interests and well-being of tenants. One staff member said it was a, "Positive and brilliant team" and said of their role that they, "Enjoy it, it's very satisfying." Another staff member commented they were, "Really enthusiastic, every day is different." An external social care professional described the prevailing spirit within the service as one of, "positive creativity and inventiveness." We saw numerous examples of how the service had responded imaginatively to the needs of individuals and found effective ways to enhance tenant's quality of life and fulfilment. For example changes to the environment to better meet tenant's needs and work with individuals to enable them to do things they had been unable to do previously.

Staff found the support provided to them through supervision, performance appraisals and monthly team meetings was positive and motivating and reinforced the values of the service. Day-to-day continuity of information was maintained through handovers between shifts. Out of hours support was provided by all team members in turn which further valued their individual experience and skills. Staff could always contact senior staff in the event of a serious concern. They told us that the regular training and the ongoing competency discussions helped to ensure they were always aware of best practice in all areas of their work.

The management ethos was one of continually developing and enhancing tenant's own skills and awareness. For example, some of the tenants had attended safeguarding training alongside staff to help them understand how to keep themselves safe. The service had worked with a selection of local businesses to provide a safe haven and support to tenants when out in the community, should they feel unsafe or under threat. Tenants were aware of these shops and cafes and knew they could seek support there if they needed it.

The registered manager was up to date and aware of the implications of more recent changes in legislation

for the service regarding reporting notifications and the requirement to display the rating which results from this inspection. The service had a development plan to April 2016, within which all action points had been achieved. A new plan was due to be compiled. The manager maintained a relaxed but highly professional atmosphere within the service. Performance expectations on staff were extremely high. Staff fully understood and demonstrated the vision and values of the service of respect for the individual and their rights, and received appropriate support where necessary.

Staff knowledge and awareness were reviewed on a monthly basis through the competency questionnaires which effectively identified and addressed any gaps in knowledge on an ongoing basis. Staff were observed to be relaxed, going about their duties and clearly felt able to approach management should they need to. Extensive information was available to staff in the office via posters and computer-based information resources. For example, information on safeguarding vulnerable adults, the Mental Capacity Act, DoLS and the Human Rights Act.

The management culture was aimed at developing tenant's own self-control of their behaviour, rather than a reliance on imposed external control or direction from staff. For this reason, although some tenants had a history of significant challenging behaviour, the service experienced an unusually low level of incidents due to the exceptional staff support and the positive and effective relationships they had developed with tenants. For example, staff knew how individual's displayed their anxiety. They stepped in, in a timely way and communicated effectively with the tenant using their preferred method. In doing this they helped the individual to become calm themselves, rather than imposing control through physical intervention. No incidents or accidents had required notification to us since the previous inspection. A notification is information about important events which the service is required to tell us about by law.

The operation of the service was very effectively monitored, through robust systems of governance. Members of the staff team had delegated responsibility for specific areas of the operation of the service which their actions showed, they took seriously. For example one team member was responsible for overseeing training and others for medicines, health and safety and fire safety. Two staff monitored the quality and completion of documents, including care records and reviews. This system helped ensure ownership of the service's performance by every member of the team. Staff felt involved, consulted and that their views were genuinely valued and acted upon. We saw examples of record keeping regarding tenants and the operation of the service and found them thorough and professional. Regular monitoring and review was evident where necessary and all periodical safety checks and servicing took place as required.

Monthly quality review forms were completed across all aspects of the service's operation. They included action points for any unresolved issues. The St Luke's Trust trustees carried out visits every two to three months and provided reports to the board and the registered manager. The most recent report of a visit on 22 April 2016 included records of conversations with tenants to ensure they were satisfied with their care, as well as other issues, and identified no action points. The minutes of the most recent trustees meeting on 15 January 2016 showed that trustees took an active interest in aspects of the operation of the service at all levels.

The local authority had recently carried out a routine monitoring visit on 20 April 2016 which resulted in a positive report. The report identified no concerns and commented on the positive developments in tenant's wellbeing as well as the homeliness and friendliness of the service as a whole. In recognition of the team's exceptional practice, other professionals have identified they are able to be a role model in applying person centred care. Staff had consequently been asked by the local authority to do a presentation to the local provider forum on person centred care.

The views of tenants were regularly sought through tenant feedback forms, completed quarterly, to obtain the views of tenants about the service. The outcome of these surveys was communicated to tenants via a 'Tenant feedback action plan'. We saw that feedback forms had been completed regularly by individual tenants. The feedback seen was entirely positive with no issues raised. The service had engaged support from relevant external professionals proactively to enhance tenant's experience, for example, from specialist dietary services.

The registered manager held periodic meetings with individual families to provide a forum to discuss their views and raise any issues they may have. The records seen, showed these had taken place recently in March or April 2016 for the families of three tenants. Minutes noted that the consent of the tenant had been obtained, to the discussion of their needs with their family. Tenants meetings also took place monthly, most recently in April 2016. Minutes showed that proposed developments in the service had been discussed with tenants and their views had been sought.