

Cambian Signpost Limited

Grindon

Inspection report

Grindon, Chapel Hill
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Devon
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 February 2016 and was unannounced. The home had registered with the Care Quality Commission in March 2015 and this was the first inspection of the service following its registration.

Grindon provides accommodation with personal care for a maximum of four younger adults who are deaf and have a diagnosis of autism.

The home is a house located on the outskirts of Uffculme; a small village located close to the town of Cullompton in Devon. Grindon has been adapted in 2015 from a family home and includes a self-contained one-bedroomed flat, which is used to support people to become independent.

At the time of the inspection, four people were living at the home, including one person who had started living there in 2016. Some of the people in Grindon had transferred from a children's home owned by the provider. The registered manager and some staff had known these people since childhood. People mainly used British Sign Language (BSL) to communicate.

The home had a manager who had been registered in the role with the Care Quality Commission since 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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 worked for the provider for a number of years in other homes. The registered manager was supported in their role by senior managers in the organisation who visited the home from time to time. There was also a deputy manager in post. The registered manager understood their responsibilities and submitted notifications about significant events and other information to the Care Quality Commission when required.

The provider and registered manager had a clear vision for the home and the people who lived there. They described how they and the staff worked with people to help them become independent. The registered manager described how this included supporting some people to move to independent living. The staff supported and encouraged people to become as independent as possible, for example self-medicating, living semi-independently, cooking for themselves and going out on their own. Risks had been assessed and support plans put in place to reduce these risks. People undertook activities of their choice both in the home and in the community. These activities included working at a local shop and attending college, as well as leisure activities such as going to a disco, trips out to a museum and swimming.

The service was very responsive to people's individual needs. Care records were very comprehensive and clearly identified the risks, needs and aspirations of the person. Behaviour support plans (BSP) identified the ways in which staff should support the person to address their risks, needs and aspirations. There was evidence of how the person had been involved in the development of the assessment of needs and ways to

address these. Each person had a care plan which was written in 'their voice' and described their understanding of their care and support. Staff were able to describe how they supported people and there was evidence in records that staff followed the BSPs to meet people's needs. Care records were regularly reviewed as well as when an issue arose. There was evidence that changes were communicated to staff and people's care was discussed at staff meetings.

Relatives were very complimentary about the care provided, making positive comments about the staff, the registered manager and the benefits to their family member living at Grindon. Comments included "The staff seem to be very experienced"; "Appears to have good relationships with all the staff"; "Lots of communication and humour plays an important part." and "It is impressive to see how well they communicate and just how much the residents respond to the staff and show great mutual respect for each other."

Health and social care professionals also provided very positive feedback about their experiences when dealing with the home. For example "They have always worked in partnership with me" "Wide choice of activities available to them and in this client's case these are solely based on personal preference."

The home had been adapted to meet these aims and care plans showed that some people were working towards these goals. There were plans underway to develop the external areas of the home to provide a sensory area as well as a vegetable garden for people to get involved in. The registered manager described how they were planning with people to use some of the vegetables and fruit to make products which could be sold in the village. People were supported to develop skills in shopping for food and preparing meals of their choice. Staff helped people to have a balanced and varied diet whilst promoting their choice and independence to select meals.

Staff were well trained and supported. All staff were expected to learn British Sign Language during their 10 day induction period so they first worked at they were able to communicate effectively with people living at Grindon. New staff completed an induction and also shadowed other staff until they were assessed as competent and confident to work with people on their own.

Throughout the inspection we saw staff interacting positively with people. People showed affection to staff and responded to their signing in a confident manner. People who had lived in other homes run by the provider were supported through the move to Grindon by transition plans which involved people in the move. These plans had involved visiting the home whilst it was being fitted out and choosing décor and furnishing for the home. The transition had included helping people become familiar with the local area by having a 'treasure hunt' finding local landmarks. People were engaged in making decisions about the home both before they moved in and subsequently during resident meetings. Staff had visited and corresponded with one person who had moved from another provider to ensure they felt welcomed at the home.

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.

People were relaxed and happy with staff who ensured they were protected from avoidable harm.

People were supported to remain independent both in the home and outside. There were detailed assessments which described what the risks to people were. Care plans been put in place to address these risks.

There were sufficient staff who had been recruited safely to meet people's needs.

People had their medicines administered safely. Where people self-medicated, risk assessments had been carried out and staff supported people to do this safely. Staff ensured medicines were received, stored, administered safely. This was documented and audited appropriately.

Is the service effective?

Good ●

The service was effective.

Relatives described staff as knowing people at Grindon well; working jointly with them to ensure people had effective care.

Staff were supported through training, supervision and appraisals to work with people confidently. Staff had been trained to use British Sign Language which ensured they were able to communicate with people.

People were involved in the preparation and cooking of meals of their choice. People's preferences had been identified by staff which enabled people to have a healthy balanced diet.

The registered manager had ensured that people's capacity to make certain decisions had been assessed and, where necessary, had applied for Deprivation of Liberty Safeguards authorisations.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff had very positive, caring relationships with people. People showed throughout the inspection, how much they liked the staff and felt relaxed with them.

Family members described the home as really good, describing staff as kind and supportive of their relative. Relatives said they could visit at any time and were involved in contributing to the development of care plans.

People were able to express their views through regular resident meetings as well as through regular individual meetings.

People were treated with dignity and respect. People's right to privacy was recognised by staff.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in care planning and care reviews. People were supported to record things they had done using photos they were proud of. These were used to support their understanding of the progress they had made.

People's individuality was respected and staff responded to their needs on an individual basis. People were supported to do activities of their choice by staff who were always looking at what the person needed. These included attending college, getting a job as well as leisure activities. Staff were able to describe people's aspirations and wants and how they supported them to meet these.

People were put at the centre of their care plans and families were involved where people wished them to be.

Where a person had a concern, issue or complaint this was listened to, investigated and responded to in a reasonable time.

Is the service well-led?

Good ●

The service was well-led

The registered manager and staff were proactive in working with people and their families to deliver care according to the aims and objectives of the provider.

The registered manager had developed some links with the local

community and had plans to develop these further.

The registered manager undertook regular quality assurance checks and audits of the service to ensure it maintained and improved the quality and safety of the care provided.

Grindon

Detailed findings

Background to this inspection

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

This inspection was undertaken by one inspector on 11 February 2016 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in August 2015.

At the time of this inspection there were four people living at the home. We met all four people. We talked with the registered manager, their deputy, a peripatetic trainer, a home tutor, and three care staff.

After the inspection we contacted eight health and social care professionals who worked with people at Grindon and received responses from four of them. We also contacted four relatives; all of whom responded.

We looked at a sample of records relating to the running of the home and to the care of people. This included three people's care records including their risk assessments and care plan. We reviewed two people's medicine records. We reviewed two staff records, one of whom had started working at the home in the last twelve months. We were shown records which related to the running of the service, including policies and procedures, staff rotas, supervision and training records, staff meetings, resident meeting, incidents and accident records and quality monitoring audits.

Is the service safe?

Our findings

People looked happy and relaxed during the inspection undertaking different activities during the day. People were actively engaged with staff, interacting with them using sign language and other gestures. Staff supported one person who appeared slightly distressed, helping them with kind gestures and made suggestions for distractions, which helped the person. Another person was happy to show us around the home, pointing out items they were particularly proud of. They signed to say they felt safe and happy at Grindon. They also signed to say how much they had developed skills which had helped them achieve some of their ambitions. Another person we met, signed to say they liked the home and the activities they did.

A relative commented their family member "Appears to have good relationships with all the staff I have seen him with. There is a lot of communication and humour plays an important part." Another relative commented "The staff seem to be very experienced with the kind of problems [person's name] has. Communication is clear and appropriate and the signing is excellent." A third relative said their family member "...is kept safe but encouraged to be more independent and self-sufficient."

There were personalised risk assessments in people's records which described what the risk to the person was and what staff should do to reduce the risk. Risk assessments were reviewed regularly and whenever additional risks were identified they were altered. A health professional said "I have gathered evidence of comprehensive risk assessments relating to all aspects of the client's life from accessing the community to making simple meals within the home. In each instance the assessments clearly indicate the agreed way to work with the client in order to ensure that activities remain as safe as is possible for all concerned."

The registered manager ensured that people were supported at all times by operating a shift system that avoided hand-overs at busy times. Staff worked a 24.5 hours shift which started at 10am. Staff slept in the home at night.

The service had systems to ensure there were sufficient staff to support people safely. On the day of inspection, there were three care workers, a senior care worker and the registered manager on duty. There were also other staff attending training at a separate location. The registered manager explained how they had increased staffing levels due to an additional person living in the home since the beginning of 2016. A relative commented "Staff are on site 24/7 and the ratio of staff to resident is high." A health professional said "On each occasion that I have visited the staffing levels have been in line with service agreements, with adequate back up support from management staff always around."

The provider had robust recruitment procedures that helped to ensure people were cared for by suitable staff. Checks including three references including at least one from previous employers had been requested and received before a person starting working for the provider. References from all previous care jobs were requested. A Disclosure and Barring Service (DBS) check had also been received before the new member of staff started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were kept safe by staff. They were able to recognise the signs of potential abuse and knew what to do when safeguarding concerns arose. Staff had received training about how to safeguard vulnerable adults and were able to describe what they would do if they had a concern. This included reporting their concerns to the registered manager or senior staff and alerting the local authority.

People were supported to take their medicines safely. A relative said "They are very careful." A senior care worker had responsibility for overseeing the receipt and returns of stocks of medicines to and from the pharmacy. There were systems in place to audit medicine stocks and administration. Records showed these audits had been completed regularly. Most people's medicines were stored safely in a locked cabinet which could only be accessed by staff. The registered manager said they were reviewing whether medicines could be stored in cabinets in each person's room. This would include a risk assessment of each person. Each person had a document in their care record entitled 'How I like to take my medicines.' This document included a photo of the person and information about how and where medicines should be administered. For example one person had said they needed 'water I have poured myself'. A sheet showing a body map identified topical creams and where on the body they needed to be applied. Medicine administration records were completed correctly.

Staff undertook training provided by the pharmacy and their competency to administer medicines was also assessed by the senior care worker before they were allowed to do this independently. A health professional commented "Although I have not observed the administration of medication I have observed record of administration which were accurate and complete."

Where possible, people were encouraged to self-administer their own medicines. Staff described how this was risk assessed to ensure the person and others living in the home were kept safe. Grindon was well maintained, clean and tidy. Staff supported people to keep the communal areas and their bedrooms clean. During the inspection staff were observed keeping the kitchen clean and checking contents of the refrigerator to ensure they were in date and safe to eat. There was evidence that checks were undertaken to ensure the house and external areas were safe and well maintained. These included monthly audits of fire equipment, water and electrical equipment.

Is the service effective?

Our findings

Relatives commented very positively about the staff at Grindon. For example one relative said "The staff at Grindon appear to be the most understanding and effective I have known at 'getting' my [relative] - they understand how their mind works and work effectively with him to work out steps to achieve what he wants. He is clear about what he needs to do and follows guidance well. Since starting at Grindon I have found him to be more rational and willing to comply with requests. So, yes, the staff certainly have the skills, knowledge and training - and at a higher level than we have previously seen." Another relative said "Looking at the interaction between staff members and the existing residents, it is impressive to see how well they communicate and just how much the residents respond to the staff and show great mutual respect for each other."

People were supported by staff who had the knowledge and skills needed. During their induction, new staff completed the Care Certificate. The Care Certificate is a nationally recognised induction standard which covers 15 fundamental standards of care. New staff also completed a local induction to the home and the provider. This involved working through tasks described in an induction handbook. Induction activities were signed off by a senior member of staff once the new member of staff had completed them. New staff shadowed experienced staff until senior staff were satisfied they were able to work independently. During their induction, new staff were supported by senior staff through supervision which also identified their additional training requirements. The registered manager explained that the induction was personalised to the staff member dependent upon their skills and previous experience.

Staff were expected to undertake training, including first aid, fire awareness, safeguarding vulnerable adults and a driver's assessment. All staff were expected to complete Level One British Sign Language (BSL) training during a 10 day induction course. This meant that they were able to sign using BSL before working in the home. They were also encouraged to develop their BSL skills over time. Most staff were highly skilled in BSL and were able to communicate fluently with each person. One member of staff described how they had done further training in BSL and wanted to progress further. They said the provider was very supportive of requests for additional training. Records showed that all the staff at Grindon had achieved BSL level one, two out of 12 staff had achieved level two and another six were working towards this qualification. The registered manager had a BSL level three qualification. Staff described how they had adapted to variations of BSL. For example one person, who had spent time in Scotland, used some signing for days of the week which were different but understood by staff.

A relative commented "The sign language is very impressive and it is clear that all the residents respond strongly to this. Staff have regular updates in training and, if a particular situation arises, Cambian are quick to respond with appropriate extra training."

A health professional described "On each visit I have made the client I have been assessing has been supported well by staff, on each visit one acts as an interpreter to allow the client to use BSL, their preferred communication method. All staff that I have spoken to are able to answer questions and give insight into the

client's life and to support them to express their feelings to me."

Staff were supported by the provider to enrol on training to support achievement of a nationally recognised Qualifications and Credit Framework (QCF) qualification in health and social care. QCF is the national credit transfer system for education qualification in England, Northern Ireland and Wales. The provider employed a peripatetic assessor, who supported and assessed staff undertaking these qualifications. The assessor who was visiting Grindon during the inspection said they were currently supporting four staff at the home.

Staff said they were supported to attend training which had been identified as needed in order to support the people at Grindon. For example, during the inspection, some staff were completing a two day course about harmful sexual behaviour. The registered manager described how they had found one person had not fully understood how to act appropriately with some staff. The manager explained that due to people's deafness and autism, some aspects of sex education had not been addressed during their schooling. They had identified that staff had needed support to help the people living at Grindon to develop their understanding of appropriate and inappropriate sexual behaviour. They said they were being supported in this by the provider's own clinical staff to ensure they were able to meet people's needs to manage their relationships. Records showed that discussions had taken place with individuals and health professionals and there was ongoing work being undertaken to enable this to happen effectively. This included the training which staff were attending.

A member of staff who had attended the training described it as "really useful". Staff said the training had been arranged as all the people living at Grindon were young adults and some were starting to be aware of their sexuality. They said that people were at different stages of sexual awareness and therefore they used different approaches dependent upon the person concerned. There was evidence in people's files that staff had worked with some people to increase their understanding of appropriate and inappropriate behaviour. For example how they might communicate with and show affection to different groups of people, including staff, family, friends and strangers. This showed that staff anticipated people's future needs and worked with people to find ways to address them.

Staff also supported people to understand how to deal with personal relationships which might lead to physical intimacy. We observed how staff communicated with one person about ways to text friends and family appropriately. This was done sensitively and in ways which helped the person understand people's reactions. The staff member helped the person to come to an understanding of the issues, and worked with the person to develop alternative ways of dealing with a particular situation. This showed staff were aware of the need to support people as they encountered new situations and were confident in their abilities in dealing with issues as they arose.

All staff received supervision and appraisals from a senior member of staff. Staff said the registered manager and senior staff were always available to provide support and guidance when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's understanding of particular issues had been assessed and where necessary, best interest assessments had been carried out involving the person and their family as well as health and social care professions. People's care records contained evidence of decisions which had arisen from these meetings.

For example, one person had been assessed to determine whether they had capacity to administer their own medicines.

A health professional commented "As part of the completion of the Decision Support Tool, I have had to assess the client's capacity to consent. The staff member supporting the client with this has demonstrated a good understanding of what this is and why it is important. They have also recognised that although we have deemed the client to lack capacity for this complex process, this does not mean that they should be deemed as not having capacity in other less complex situations."

Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. People were free to move around the inside of the home and in the garden. A relative commented "[person] is encouraged to take part in the activities he enjoys and the staff seem to be at his beck and call, always ready to take him where he wants to go, which for [person] is fantastic!"

One person had been supported to live more independently, having previously lived in a children's home owned by the provider. The person described how staff helped to "polish" their skills in maintaining a home, cooking for themselves and going out independently. Staff discussed with the person how they were working with them to enable them to move on in the future. They discussed how the person might consider moving to supported living housing. The staff member recognised the person might be anxious and allayed their concerns. They discussed how the person would need to feel ready for the move and recognised that this might take a significant period of time.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff described how they thumped on the floor and switched the light on and off to make a person aware before entering the room. The registered manager explained that staff could open the door slightly and access the light switch without entering the room, so people's privacy was maintained. Staff also spent time asking people what they wanted to do before helping them to do it. Throughout the inspection, we observed staff explaining in sign language what they were planning. Staff made sure the person understood and had given their consent before undertaking the action. A relative commented "On a day to day basis, however, I do think his wishes are very much taken into account when decisions are made."

Most relatives commented on how they felt they were involved in decisions about their family members care and they had confidence in the staff who worked with them. One relative said "Staff consult us frequently about various issues and are keen for family to be involved and included in all aspects of [person]'s life." Although another relative commented "Don't know about whether any assessments have been done, therefore we haven't been involved in that process." However they also said "Our opinions are 'taken on board', but now that the young person is over 18, our role as having parental responsibility has been passed over to them."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood the legal framework that needed to be put in place if a person is deprived of their liberty.

There was information in people's care records that assessments of their capacity to make a particular decision had been undertaken. Where it was considered they did not have capacity, their best interests had been assessed and best interest decisions were recorded. The registered manager had submitted DoLS authorisation applications for two of the people. At the time of inspection neither of these had been authorised. However the registered manager said they had done further work with both of the people using different communication tools to determine their capacity to understand. They explained how they had used signing with one person but this had not been very successful. They said the person had been confused about one of the questions relating to contacting their GP. The person had misunderstood the question as staff had described 'ringing the doctor' rather than 'phoning the doctor'. Staff had repeated the assessment using written communication and found this had allowed the person to understand and respond. The registered manager also said they had used Picture Exchange Communication System (PECS) to assist with people's understanding during the assessments. They advised that they were now planning to discuss with the local authority DoLS team whether to withdraw the applications. This showed that the staff had recognised one of the fundamental principles of the MCA, that a person has capacity. They had used different methods of communication to ensure that the person being assessed understood what was being asked of them.

People were supported to have a varied and healthy diet which they were involved in choosing and preparing. A social care professional commented "I know they are encouraging [person] to eat a healthy diet." Records for one person showed they were supported to choose the food they wanted to cook and helped to manage the shopping needed for this. Each person in the home had their own food cupboard and refrigerator, where they were able to store their own food. Staff said although there were times when people chose to eat together, often they preferred to have different meals at different times. A relative commented "I have not been present at mealtime, but the fridges are well stocked and the variety and balance of food looks very good." Another relative said "Our son is in better health than ever before - he now eats healthily and has been encouraged to take responsibility for food shopping and preparation."

Records showed that people accessed health services in order to maintain good health. There was evidence that people had seen their GP, dentist and other health professionals when needed. Health professionals who responded to our request for feedback said staff engaged with them and ensured that any advice given was followed. A social care professional commented ", I have been particularly impressed at how they have deal with my clients communication needs. Without the staff being able to use BSL communication my client would be very frustrated and isolated. They most certainly have the skills and knowledge to support him." A health professional said "On each visit I have made the client I have been assessing has been supported well by staff, on each visit one acts as an interpreter to allow the client to use BSL, their preferred communication method. All staff that I have spoken to are able to answer questions and give insight into the client's life and to support them to express their feelings to me."

Care records showed that staff helped the people at Grindon to understand the advice given by health professionals and identify ways to address health concerns. For example, one person's care plan had details of a visit to the dentist. The care plan described this in the person's own words 'need special toothpaste name what? Duraphat. Must remember brush teeth properly.'

The home had been adapted to meet the needs of the people living there. Each person had their own bedroom. Transition records for people who had moved from other services owned by the provider showed how people had selected the décor and furnishing for their bedrooms and communal rooms. For example, one person had chosen to have a particular floor covering and bedroom colour as this had 'replicated' their previous bedroom which had been important to them. The registered manager explained that when choosing Grindon as a home, the provider had also taken into account the knowledge they had of the

people who would be living there. They had recognised that where people had previously lived, at times they had preferred to eat on their own. They had taken this into account when purchasing Grindon, where they were able to provide three separate areas for eating in the main house. The registered manager had also said they had needed to ensure the kitchen area was large enough so each person was able to have their own food cupboard and refrigerator. One part of the home had been changed into a self-contained living space with kitchen, living room, bedroom and bathroom. The registered manager explained that this was so people became more independent, they could be supported to live semi-independently. One person had chosen the design for the kitchen in this self-contained living space as they were being supported to live there. Specialist equipment had been installed to ensure the home was suitable for deaf people. This included specialist fire systems such as strobes and vibrating pads on people's bed to alert them to a fire. Extra eating areas for choice, separate food cupboards and fridge, auto release doors had been installed to meet people's specific needs.

Is the service caring?

Our findings

Throughout the inspection, people interacted with staff in very positive ways. People showed genuine affection towards staff and staff had really positive, caring attitudes towards people. Staff were mindful of appropriate behaviour and encouraged people to recognise how to meet and greet people, dependent upon the relationship and how well they knew them. For example, when we arrived at the service, staff gently reminded one person how to greet a visitor appropriately who was not known to them. Records showed that staff had supported people to help them understand about different types of relationships, including staff, relatives, close friends and acquaintances. For example because some people had mobile phones, staff worked with them on using text messaging in a way that would not cause offence.

A relative said "There were a few problems initially with communication and new staff getting to know [person] and all his ways but that has now been ironed out and we feel that our son is in the best place." Another relative said "They appear to have real fondness for our son and he has affection for them." A third relative commented "All the staff I have met are really kind, considerate, enthusiastic and approachable. My instinct, looking at the existing residents, is that they have built up extremely strong and positive bonds with them and, because of this, the residents seem very happy, communicative and relaxed."

A health professional commented "During my visits I have found all the staff to be caring in the way that they support individuals, they try to include the individual in decision making about all aspects of their life."

Staff were able to describe each person in detail, including their particular needs and concerns. For example they described how one person got very anxious at particular times. Staff explained the strategies they employed to reduce the person's anxiety. Records showed how staff used a timer to help the person. There was an observation 'This is currently working really successfully. We are using it for: bath, computer, relaxation time – can see visual reference. This is successfully reducing his anxieties. Normally 20 minutes in the bath, allow [person] to choose the time.'

Care plans had been developed with people's involvement. Staff used different methods to engage people in making decisions about what they wanted to do, for example people were given options using photographs to illustrate each option which they could then select. One person, who enjoyed cooking, had a folder which showed what they cooked. The recipe, together with photos of the end results and the person's comments about whether they had enjoyed making and eating it were in the folder. Staff described how the folder helped to provide the person with evidence of how they had progressed and become more independent. They also said it helped the person to communicate with them when they wanted to cook a particular dish, as they could refer to previous recipes. This helped to remind them of the skills they needed to use.

Staff discussed with people about what they wanted to do and then helped them do this. Some people were continuing their education, at a local college. Staff had also arranged for home tuition by a tutor from a local deaf school. The tutor provided support and training for both indoor and outdoor activities, including cooking classes and woodcraft. The tutor spoke positively about the staff and how they cared for

the people in the home.

A social care professional commented "[person] is brought in and collected by Grindon staff who are always on time and hand over to staff in a friendly and caring manner. [Person] always appears happy to see whoever collects him."

Staff recognised the need to provide support when people were moving into the home. This helped to ensure the mix of personalities with this small service was compatible and made for a homely and relaxed atmosphere. Each person had had a transition diary which helped the person understand the move and how it might impact on them. The diary also had documents which had been used to ask them about how they wanted to live in the home. For example the diary showed people had been asked what colour they wanted their bedroom painted and whether they wanted a single or double bed. Staff had helped people familiarise themselves with the home before they moved in. Some people had visited the home before it formally opened so they could see where they might be moving to. These people had also been able to help with some aspects of the work to give them a sense of ownership, for example doing some gardening and meeting the builders who were working on the home's adaptations. There were photos in the diary which recorded each visit and the activities people had engaged in whilst there. Staff described how they had had take-away meals at the home prior to moving in, so people adjusted to the spaces they would be using. To help familiarise people with the local village and surrounding area, staff had organised a treasure hunt, which had photos of local landmarks such as the pub, supermarket and square. People had been supported to find each landmark so they were aware of them. It was clear from the diary that people had felt involved in making choices throughout the transition and had participated in the visits to their new home with enjoyment.

One person had been visited by staff at a previous home so that he could get to know some of the care workers before he moved in. In addition, each member of staff had written a letter to the person in an easy read format introducing themselves and saying how they were looking forward to working with them. The letters described activities they might do with the person. The letter also contained a photo of the member of staff which helped the person put a name to a face. A relative said "I have been asked dozens of questions about [person] to help them to understand him better and avoid issues. Staff have daily handover meetings and brainstorm sessions. They are willing to try all sorts of different approaches until they find something which works resolve any issues. There is a broad spectrum of ages and experience." The person had also visited the home prior to moving in and been introduced to the other people living at Grindon. People living in the home were given a questionnaire which asked whether they were happy with any potential new resident before a final decision was made about who lived there. A relative commented "I am also delighted that he has peers with whom he seems to integrate increasingly as he settles into his new home." There was evidence that once the person had joined the home, staff had introduced them to the area, by initially showing them photos of places they could go to. These included a local coffee shop and the local supermarket. This helped them to recognise places prior to visiting them.

People wrote their weekly planner and chose what activities they would do, with the support of staff. People were encouraged to identify things they enjoyed doing and staff helped them to arrange these. For example one person enjoyed going to a local disco and another person described how they liked visiting a museum. Staff wrote review letters to each person describing their progress towards goals they wanted to achieve, and describing the care and the support they would be receiving. This helped people to be involved in their care and understand how they were progressing. Individual's activities were recorded and monitored in daily journals, which people and their relatives could view.

Staff recognised the need to treat people with dignity and understood their need for privacy. Staff described

how they were very aware of the need for people to have 'private time' and respected this. Although some of the staff had worked with some people whilst they had been children, all the staff we spoke with said how important it was to recognise that they were young adults and therefore needed to be treated as such. In one person's care plan there was evidence that this had been discussed with them. The care plan stated 'Remember Grindon adult house. Means what? Better calm talk with staff explain problem. Staff help you.'

Staff described how they were very aware of the need for people to have 'private time' and enabled this when people went to their room. A person's care plan described this in the person's own words stating 'You have lock on bedroom door. Means what? Bedroom private place. Staff have key. Why? If emergency can open door.' This showed staff supported people to understand their right to privacy.

There were regular house meetings for people to make decisions about the home, express their opinions and feedback issues. The minutes showed that staff took account of people's opinions and made changes where possible. For example, the minutes of one meeting showed how people had discussed whether they wanted to go as a group on holiday. Three people had decided they did want to and one person said they would prefer not to go. The three people who wanted to go had chosen activities they wanted to do whilst on holiday, some of which were group and some individual. These included horse riding, going out to eat and to a disco and crabbing. The person who chose not to go decided they would like to spend time with their family. There were easy read documents describing each person's choices, which they had signed. We saw photos of the holiday to a seaside town involving the three people who had elected to go. Another house meeting had involved the people in making a decision about whether they wanted another person to join the house.

People were encouraged to remain in touch with family and friends. All relatives said they could visit when they wanted to and were encouraged to be involved in their family member's life. One relative commented "Family involvement is encouraged as much as we can or would like to." Staff accompanied one person on journeys home as the family lived a long distance away. Staff described how they had worked with this person to enable the visit. They explained they had developed options around the method of travel, which included travelling by car, train and plane. They said the person after looking at the options had chosen to travel by plane, which had been very successful as it had reduced the travel time considerably. They described how they had also flown with the person so they had felt confident about the journey. The person and their family had been really pleased with this outcome.

Is the service responsive?

Our findings

People were helped to develop their skills and experience and become as independent as possible at Grindon despite their disabilities.

People's records had details which described how the person received individual personalised care. A relative commented their family member had been "Taken to a number of places where he can pursue his passion and is well supported in this. He also has an interesting, varied timetable of other activities." A social care professional said "The staff are very focussed in terms of being person centred, the care plan in place places my client at the centre of all interventions. They support my client to undertake activities of his choice."

Another social care professional commented "I know [person] takes part in activities he enjoys in the days he is not at college. He talks about going swimming, walking and going to a local disco on a regular basis and recently went to visit a car museum."

People were supported to lead interesting and active lifestyles; they were supported to be involved in the local community and use local facilities including restaurants, cinemas and the local swimming pool.

One person's records had photos of them catching the train to a local city. The photos showed the person arriving at the departure station, paying for the ticket, identifying the right platform, on the train and arriving at their destination. The photos had been annotated by the person. . Staff described how this had helped the person become more independent, for example learning about train timetables. Staff used the record to remind the person of how they had achieved this activity. In the person's records there was also evidence of them preparing and cooking a meal. The person had chosen what to cook and written the shopping list. They had also written instructions on what to do, which included washing their hands, putting on an apron, chopping ingredients, cooking the meal and clearing up. There were photos of the person preparing the meal. The person had completed a short questionnaire about what they had done and whether they had enjoyed cooking and eating the meal. Staff had completed a summary of what had been done, which described what help the person had needed. It also described how the person had enjoyed the cooking but had decided he didn't like the food and therefore did not want to cook it again. Staff described how the visual information helped as a communication tool when discussing what the person wanted do and how this could be achieved. They also said the person was able to use the record to see how they had developed skills and become more independent, which was helpful to them when they were taking part in care reviews.

Another person's record showed, using photos and descriptions, how they had chosen to go to the cinema and out for a meal afterwards.

Relatives commented very positively about the activities their family member got involved in. One relative said "The team stress the importance of working with family for a happy and settled resident. They include us in their decision making and involve us at every level. It has been very reassuring for us to find such a

good fit for [person]'s specific complex needs and, as a family, we feel he is in a safe and appropriate place to meet all his needs. The signing environment is absolutely crucial to his wellbeing and the careful management of behaviour and lifestyle will, we are sure, enable him to reach a much fuller potential in the future. Although it is early days, we have been delighted with their inclusive approach and feel we can contact them at any time, without feeling like we are badgering them."

People were supported to become increasingly independent. For example staff explained how they had worked with one person over time to gradually support them to be independent with medicines. This had involved the person initially asking for their medicines with staff administering. The person had then asked staff for their medicines and self-administered them. Over time this had moved to the person storing their medicines and self-administering with staff auditing each day. The person now self-administered their medicines and staff audited the medicines held by the person, once a week. There were records of each stage of this move to independence which showed staff had understood the importance of ensuring the person's safety whilst encouraging their independence.

There was evidence that people enjoyed what they were doing and felt a sense of achievement. Staff described how they supported people's independence and involved them in decision making. For example they described helping one person to travel on public transport on their own. Another person had been supported to work in a local shop. They communicated how they enjoyed their independence and doing activities of their choice. The registered manager explained that a member of staff had noticed a local charity shop was looking for volunteers and had introduced the person, who had then been taken on. The registered manager added that although staff were currently supporting the person in the shop, they were working with the shop manager to enable the person to work there independently. This included introducing them to using some sign language so they could communicate with the person. The person also spent time working on a local farm which provided work to people with a learning disability. The registered manager said they had encouraged the person to do this as it had helped to introduce them to a peer group of friends.

Care plans had been developed with the person and included photos of them doing activities they enjoyed. One person's care plan described what they liked and didn't like, their GP, dentist and other health professionals involved in their care. It also described how they were kept safe, their routines and behaviour as well as who to talk to if they had a problem. Throughout the care plan, there were comments from the person. For example in response to what staff could help the person with, they had written 'better calm, talk with staff explain problem. Staff help.'

Each person's care record contained a number of documents which helped staff work with the person. These included a placement plan, which described the person's level of independence and any assistance required. For example one person's care plan described the person as able to dress independently. However it also identified the person possibly requiring support to choose appropriate clothes for the weather and also putting dirty clothes in the laundry. The placement plan described their weekday and weekend routines, means of communication, healthcare needs, diet, behaviours and activities, including going to college and leisure activities. There was also information relating to goals for the year, such as grocery shopping, meal planning, doing their own laundry, walking independently to the shops and travelling by bus.

There were personalised individual risk assessments (IRA) in each person's care record. For example one person's IRA identified risks around physical aggression, traveling in vehicles, behaviour in the community, self-injury and damaging property. Each risk had been rated as low, moderate or high and described what behaviour the person might have. Based upon these assessed risks, behaviour support plans (BSP) had

been developed.

BSPs described the behaviour which could create a risk for the person or others. There was information about what might have triggered the behaviour and a description of why the behaviour may have happened. For example, one person's behaviour was described 'lying down and refusing to move'. One of the possible triggers was 'unplanned changes to routine' and a possible reason for the behaviour was 'seeking to control environment.' The BSP also described strategies to support the person with this behaviour. Each strategy contained detailed guidance for staff to follow, for example redirecting the person to a more favoured activity, providing space and reassurance and offering praise and a debrief to the person after the behaviour had finished. Staff signed to say they had read the person's care plan and BSP. Staff described how they found the information in BSP "really useful". There was evidence that the BSPs had had a positive impact on people. For example one person had a routine of buying an item regularly on the internet. Staff described how the person got agitated at times around the time the item was due to be delivered. They also described how they provided reassurance to support the person's anxiety. Staff said that if people's behaviour changed, they would discuss why this had happened with the person and with other staff, and consider whether new strategies needed to be used.

Care plans were updated regularly and also reviewed if an issue arose which might impact on the person's care. There was evidence in staff meetings that care plans were discussed and, where necessary, changes made to support the person differently. For example, one person had started using a gas hob in an unsafe way. Staff had reviewed the situation and arranged for an induction hob to be installed instead. People had been involved in care plan reviews and changes to their care plan. This was evidenced by documents that had described their care. These documents used a variety of communication methods including typed text, the person's handwriting, photos and easy read symbols. The person signed to show they agreed to the plans.

The home had a complaints policy and procedure, which included an easy read version for people living in the home. The registered manager said they had not received any written complaints from people living at Grindon or from families. However they said they had received one complaint from a neighbour which had been resolved to the person's satisfaction. Most relatives said they knew how to make a complaint but had not had reason to do so. One relative said they knew how to make a complaint but their "frustrations are minor." They also added "There have been a few occasions where we have pointed out a problem, (our planned visit hasn't been recorded) and are told it won't happen again, but with staff changing, errors in hand over are made which is inevitable but none the less aggravating." Another relative described how they had had an issue and did complain. They said the matter had been dealt with and "things improved after I mentioned it." This showed that the service listened to and learned from concerns and complaints.

Is the service well-led?

Our findings

The visions and values of the service were person-centred and inclusive. The provider, Cambian Signpost Limited, described on their website, (www.cambiagroup.com/cambiagroup.aspx) how they are one of the largest providers of specialist behavioural health services for children and adults in the UK. It describes the organisations purpose as "To actively enable each and every one of the people in our care to achieve their personal best, however it is defined by them or for them."

The staff induction book described the provider as "focused and passionate about enabling each and every one of the people in our care to achieve something special and to reach their own personal best. On a daily basis we transform people's lives, through innovative and dynamic service delivery, by people who care and make a difference."

The registered manager was supported in their role by senior managers in the organisation who visited the home from time to time. The registered manager described how they attended monthly 'head of homes' meeting where they met with other managers and discussed issues. They also said they had training during these sessions, some of which were to do with the administrative running of the home, for example financial management. They described how other training was also provided which related to specific needs such as how to support people emotionally. For example, we saw evidence that the provider had developed 'sex and relationships' training material for keyworkers and also a booklet for people entitled 'Learning about sex and relationships'. This booklet was aimed at supporting the person to work through, with the help of a key worker where necessary. There were sections on puberty, reproduction, contraception and sexually transmitted infections, gender identity and different types of relationships, including social networks. The booklet emphasised that the sessions would be done at the person's own pace, and that if at any point the person felt uncomfortable, they should take a break.

The registered manager understood their responsibilities and submitted notifications about significant events and other information to the Care Quality Commission when required. There was a deputy manager in post, who was able to run the home when the registered manager was not available. They were able to describe their role and also understood their responsibilities.

The registered manager said she was passionate about supporting people to fulfil their potential. She described how she worked to enable people to build confidence, with the aim to make them as independent as possible. She explained how important it was to manage people's anxieties and described ways in which to do so. She had worked with several of the people living at Grindon for a number of years and was able to give examples of how people had developed. For example, one person had been able to reduce their level of self-harm and was now able to go out independently. She also described how she and the staff were working with a person so they would be able to safely cross the road alone. She explained how each person was an individual and therefore each had their own aims and goals for achievement. Care records showed that people had been engaged in developing these aims and goals. Daily records showed how these were being achieved.

Staff were supported by the provider's clinical multi-disciplinary team, which included psychologists, speech and language therapists and occupational therapists. The registered manager said these staff were available to provide specialist support, guidance and training. The registered manager described how they were able to access this team for clinical support when needed.

The registered manager said they had developed a shift pattern which was different to other providers. They explained how the shifts helped to provide continuity for people, which was important to them given their need for routine. They said it also gave staff a half hour handover between 10am and 10.30am each day. They described how this period of time was less busy as people had already been supported to get up and begin their chosen activity, for example going to college. This meant that staff finishing a shift were able to discuss what had happened in the previous 24 hours with the staff coming on duty, in a relaxed and unrushed manner. During the inspection we observed the hand-over between staff coming on duty and those going off. Staff who had been on duty were able to give a detailed account of each person during the previous 24 hours. They were also able to explain to the staff coming on duty any changes to the person's day which had been recently arranged. A member of staff described how it worked "really well" as they were able to support each person throughout an entire day including day time and evening activities. They also spoke positively about how the half-hour morning hand-over enabled staff who were finishing their shift to discuss any issues or concerns in detail with the incoming staff.

Throughout the inspection, people living at Grindon came and talked to the registered manager and senior staff. People came into the office where the door was always open. This meant that the registered manager and senior staff were available and visible; and people and staff felt confident to approach them. Staff said they felt "very well supported" by the registered manager, who they described as open and approachable. During the inspection we observed lots of positive interactions between the registered manager and staff, with support and advice being offered where needed. A member of staff commented that the staff at Grindon were "lovely."

In the office, there was a large blackboard covering one wall. This was used as a means of communication with staff as there was information available about what each person was planning to do as well as key information about food preferences and appointments. This helped staff to stay informed on a day to day basis.

One relative described the management and staff saying "I have met most of the staff and the manager on a number of occasions. The team seem very motivated and well led and there is a real sense of TEAM." They added that they could talk to the manager and senior staff "anytime I like." Another relative said when asked whether the management worked in partnership with them "It certainly feels that way."

A social care professional commented "If there are ever any issues from either side we tend to email, not that there have been many. [The registered manager] always disseminates the info with her team."

She described how she recognised that as the home had only been set up in 2015 many local people were either unaware or unsure about who lived there. As a step towards introducing themselves, the home had sent Christmas cards to local neighbours. They also described how they were planning to get more involved in the local community in the coming months. They had planned a coffee morning which would be held in the village once a community area had been refurbished.

The registered manager and staff were working with people on a plan to develop the garden. Some actions had already been completed towards improving areas of the garden to include a sensory area and a vegetable garden with a poly-tunnel. The registered manager explained that they planned to support

people to grow their own vegetables and also make products such as jam and chutney which could be sold at the local village. The registered manager said this would support people in the village getting to know people at Grindon.

There were monthly staff meetings at Grindon. The meetings were used to discuss both general issues relating to the home and staff as well as issues affecting individual people in the home. Minutes of these meetings showed staff contributed to these meetings, making suggestions for improvements. There was evidence of actions identified in previous meeting minutes which had been addressed. For example the minutes showed that actions to improve the kitchen had been completed and there had been progress on the garden project, including the erection of poly tunnels. The minutes described how staff were exploring ways to strengthen links to the community by attending a coffee morning in the local village.

The registered manager described how they were always looking at improvements to the home and the care provided. For example staff meeting minutes contained evidence that staff had been positive about amendments to people's journals, which had been made. They were asked to consider what other amendments could be introduced and feed this back to the registered manager who would then take action. This showed that the service was actively looking at the care they delivered and considering ways to improve the quality of the service.

People had completed a satisfaction survey which was in an easy-read format. These showed that people had been happy with the service they were receiving.

The registered manager said there were regular checks and audits of the home and equipment. There was a schedule which showed when these were carried out. Records showed these audits and checks had been undertaken according to the schedule. Where an issue had been identified actions had taken place to rectify the problem. There were policies in place to support staff to raise concerns, including a whistleblowing policy.

There were systems in place to investigate and learn from incidents and accidents. The registered manager was able to describe how this learning helped to improve the safety and quality of the care provision. Incidents and accidents were analysed over time to see if there were patterns occurring. For example incidents were analysed by the type of incident that had occurred, who had been injured, whether it had been accidental or intended and the type of injury. This information was used by the registered manager to look at ways to reduce the risks. The information was also shared with the provider so they could review the service and take action when necessary.