

Healey Care Limited

Healey House

Inspection report

1 Oakenshaw Avenue
Whitworth
Rochdale
Lancashire
OL12 8ST

Tel: 01706759692

Date of inspection visit:
27 September 2017
28 September 2017

Date of publication:
20 November 2017

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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an unannounced inspection of Healey House on 27 and 28 September 2017.

Healey House provides accommodation and personal care and support for up to ten people with a learning disability. The service does not provide nursing care. At the time of the inspection there were nine people accommodated in the home.

Healey House comprises of the main house which accommodates eight people and the bungalow accommodating two people. Healey House and bungalow are situated in landscaped gardens off the main road in Whitworth and is within easy reach of Rochdale and surrounding areas. The home is part of a wider service provision which includes a day care facility, respite care and supported living.

The service was managed by a registered manager. 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.

At our last inspection on 28 October 2014 we found the service was meeting all the standards assessed.

At this inspection we found the service provided an outstanding level of care and support that placed people at the heart of their care and promoted their right to be independent and to determine how they lived their lives. All the people we spoke with had nothing but praise for the service and the excellent quality of life people living in the service experienced. People's rights to privacy, dignity, and freedom of choice were firmly embedded into the culture of the home. Staff embraced people's diversity and this was reflected in the support plans we saw.

The service was very much a family run service. The provider and the providers' family members were known by staff and people using the service and were a visible presence in the service. We observed excellent relationships between people and observed the senior management team and staff interacting with people in a caring, good humoured and friendly manner. Management and staff demonstrated exceptional insight and understanding of people's personal values and needs. People were happy and relaxed with staff and we overheard much laughter and also meaningful conversations during our visit.

Everyone we spoke with was very complimentary about the service. People, their relatives, staff and professionals to the home described the management and leadership of the service as exceptional. The registered manager was referred to as 'an excellent leader who placed people at the heart of everything they did'. There was an excellent standard of organisation within the service that fully supported continuous improvement and ensured people received a high quality service that met their needs and expectations.

People living in the home told us they felt safe and staff treated them well. Staff understood their

responsibilities to safeguard people from abuse and had challenged other services when people were not being treated fairly. People using the service had undertaken safeguarding and health and safety training with staff; this had helped them recognise when they were at risk and the action they needed to take to keep themselves and others safe. We found examples of when people had raised their concerns with staff and the registered manager and they had been acted on appropriately. Staff were clear about their responsibilities for reporting incidents in line with local guidance.

People had been consulted about their needs and aspirations. Each person had been involved in the development of their own support plans and risk assessments which provided clear guidance for staff on how to meet their needs and preferences. Care and support was focused on people's wishes and preferences and people were supported to be as independent as possible in all aspects of their lives such as activities, outings and meal preparation. Assessment of people's needs was an on-going process which meant any changes to their care was managed very well. Communication between people using the service, relatives and staff was seen to be excellent by the inspection team. People who had difficulty using words or expressing their needs were very well supported by the use of other methods of communication to relay their wishes and feelings.

People were supported to live full and active lives and use local services and facilities. Activities were provided both inside and outside the wider service. Activities were meaningful, varied, personal to people's requirements and in line with their wishes and aspirations. People were supported to keep in contact with friends and family and there were excellent facilities within the wider service for people to meet with their friends, family and the local community. Facilities included a service user led forum that met regularly to suggest and drive forward improvements and developments to the service that they felt were important. The forum members had developed policies and procedures that were user friendly, accessible and meaningful to people using the service. There was also a social centre, run by a committee of service users, which held evening and daytime activities, events and entertainments for people, their families and friends.

Risks to people's health, welfare and safety were managed very well. Risk assessments were wide ranging and thorough and informed staff of the actions to take to support people safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff fully understood how people with limited communication expressed themselves and in some cases indicated distress in different situations or circumstances. Staff had been trained in positive behaviour support which helped them to respond to difficult situations in an appropriate and safe way.

There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. Staff responsible for administering medicines had been trained.

The staff team was happy working at Healey House. They were a stable team of staff who were highly motivated and committed to providing a high quality of care. People were supported by a staff team that cared about them, knew them and who they knew well. There were sufficient numbers of skilled staff to ensure their care and support was provided flexibly to meet their needs. Safe recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People were involved in the selection of new staff and records showed they had a good awareness about the skills and personality they wanted new staff to have. Records showed people's opinions about new staff had been respected.

Everyone we spoke with was very positive about staff knowledge and skills and felt their needs, or those of their family member or their client, were being met appropriately. Staff felt valued and respected by the management team. They were confident in their roles because they were well trained and supported by the registered manager to gain further skills and qualifications relevant to their work.

There were appropriate arrangements in place to support people to have a varied and healthy diet. Staff worked closely with healthcare professionals to ensure people's dietary needs were met and potential problems associated with nutritional intake were avoided. Special diets such as low fat and vegetarian diets were catered for, including those diets relating to cultural and religious observance.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included innovative ways of seeking and responding to feedback from people in relation to the standard of care. There was evidence where people's views and opinions had been listened to and acted on in areas such as activities, staffing, mealtimes and environment.

There were effective systems to assess and monitor the quality of the service. People using the service, their relatives, professionals and staff contributed to the evaluation of the service. The results of surveys showed a very high satisfaction with all aspects of the service.

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 felt safe. Management, staff and people using the service had a good understanding of what constituted abuse and of what action needed to be taken if they suspected any abusive or neglectful practice.

There were sufficient skilled staff to look after people properly. There had been few changes to the staff team and staffing numbers were flexible in response to people's choices, routines and needs.

People's medicines were managed safely by suitably trained and competent staff.

Risks to people's health, safety and wellbeing were assessed and well managed ensuring people's independence, rights and choices were respected.

Is the service effective?

Outstanding 

The service was very effective.

Staff had an excellent understanding of people's methods of communication as a result of an in depth and careful assessment over a period of time. Staff responded appropriately if people were feeling sad, happy or in pain and ensured people could express their views, decisions and choices.

Staff were very well trained and supervised in their work. They were committed to maintaining and improving people's health and well-being and worked closely with other healthcare professionals to ensure people received the support they needed.

People using the service were effectively involved and supported with making decisions about their lives and about the people who supported them.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation. They supported people to express their views and make decisions in how their care and support was managed.

People were supported to have sufficient to eat and drink and maintain a balanced diet that met with their preferences and considered cultural and religious observance.

Is the service caring?

Good ●

The service was caring.

People told us staff were very kind and caring. Staff had an exceptional understanding of people's personal values and needs and placed people at the heart of the service they provided.

People were able to make choices and were involved in decisions about their care and about the development of the service.

Staff understood the principles of equality and diversity and they worked in a culture where everyone was valued and respected.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Activities were personal to people's requirements, varied and meaningful and promoted social inclusion within the service and wider community. Staff were considerate and thoughtful about responding to and meeting people's aspirations and wishes.

People's care plans were centred on their wishes and needs and continuously kept under review. The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a personal service.

People felt able to raise issues or concerns and were actively encouraged to do this to support the development of the service. People had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Outstanding ☆

The service was very well led.

People living at Healey House, their relatives, health and social care professionals and staff spoken with had nothing but praise for the management and ethos of the service. There was open and effective communication between the management, staff, other professionals, people and relatives.

The registered manager had ensured honesty, involvement, compassion, dignity, independence, respect, equality and safety was firmly embedded into the service people received.

People received an excellent service and were supported by a consistent team of staff and the retention of staff was very good. Staff felt valued and enjoyed working at the service.

The quality of the service was effectively monitored to ensure improvements were on-going. People were fully consulted about how the service was run and were involved in the development of the service. Their views were actively sought and creative methods were introduced to keep them interested and engaged in the process.

Healey House

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 September 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We also obtained the local authority commissioning teams and health and social care professionals views about the service which were very positive.

During the inspection we spoke with the registered manager, the assistant manager, three support staff and with four people who used the service. We also spoke with three relatives following the inspection and received feedback about the service from two health and social care professionals.

We looked at three people's care records and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from the recent satisfaction survey conducted by the service.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were supported and told us they felt safe. We observed positive and friendly interactions between people living in the home and with staff. People said, "I'm safe" and "Staff are good to me." Relatives said, "I have peace of mind without any worries that [my family member] is safe", "[Family member] has good days and bad days when he gets frustrated; the staff recognise when he needs different support and they manage well", "I am confident 100% that [family member] is safe; I have no qualms about the staff at all" and "I know the staff keep [family member] safe and treat him like they would their own family."

There were safeguarding and 'whistle blowing' [reporting poor practice] procedures for staff to refer to. Easy read and pictorial safeguarding procedures were displayed for people living in the home to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff and people using the service told us they had received training in safeguarding people and we were shown training records which confirmed this. Safeguarding procedures and concerns were discussed regularly during individual supervision and group meetings. Staff knew how to raise a safeguarding concern if they witnessed or suspected any abusive or neglectful practice. The registered manager was clear about the responsibility for reporting safeguarding concerns and of working with other agencies to challenge poor practice and to ensure people were safeguarded in all situations.

Appropriate procedures were in place to support staff with handling people's money safely. Financial records were audited on a regular basis. Records showed that discussions had taken place regarding how people wished to spend their money and what they were saving money for; staff supported people with this.

We looked at how the risks to people's health and well-being were managed. Individual risks had been assessed and recorded in the support plans and were wide ranging and thorough. Management strategies provided staff with guidance on how to manage risks in a consistent manner whilst ensuring people's independence, rights and choices were respected. One person's assessment recorded risks associated for a female in a male environment; we noted the difficulties associated with this had been discussed with people living in the home and clear strategies had been agreed and recorded. Risk assessments were reviewed and updated on a regular basis to ensure they continued to reflect people's current needs and wishes and staff had signed the assessments to ensure they had read and understood the risks to people.

Records were maintained of accidents or incidents occurring in the service. The registered manager analysed all accident and incident forms in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

Environmental risk assessments were available. Risks associated with the safety of the environment and use of equipment were identified and managed appropriately. We saw equipment was safe and had been serviced and training had been provided to ensure staff had the skills to use equipment safely and keep people safe. The service had a business continuity plan in the event of any emergencies. There was a key code access and visitors were asked to sign in and out of the premises which kept people safe from

unwanted visitors.

Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Each person had a personal evacuation plan in place in the event of a fire which assisted staff to plan the actions to be taken in an emergency.

There had been no recent changes to the staff team. However, records showed a safe and fair recruitment process had been followed. Appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. Records supported the use of a values led recruitment process which helped determine the applicant's attitude, ethics, beliefs and integrity. People who lived at Healey House were involved in the interview and selection process and had been involved in discussions to identify the preferred skills and personalities of the staff that supported them.

The service had a good stable team of established staff who worked well with each other; this enhanced the experience of consistency and safety for people living in the home. We looked at staffing rotas. These showed how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Staff we spoke with told us there was enough staff to make sure every person received a personalised service. People and staff spoken with told us there were always sufficient numbers of staff to meet people's needs in a safe and flexible way. Records showed any shortfalls, due to sickness or leave, were covered by existing staff; this made sure people were looked after by staff who were familiar with their needs. Staff said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs.

We looked at how the service managed people's medicines. Staff had received training and regular checks of their practice had been undertaken to ensure they were competent to administer medicines. Policies and procedures were in place to ensure good and safe practice was followed. There were processes in place for the receipt, ordering, administration and disposal of medicines and the Medication Administration Records (MARs) we looked at were accurate and up to date. Medicines given whenever required or for emergency administration such as those prescribed for seizures, were managed well. All staff administering emergency medicines had been trained to do so safely and their competency checked. Medicines entering and leaving the home were carefully checked and recorded by staff. Regular internal and external audits of medicines management were being carried out.

We looked at the arrangements for keeping the service clean and hygienic. The premises were found to be clean and odour free. There were infection control policies and procedures in place for staff reference and all staff had been trained in this topic. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available. Laundry facilities were good.

Is the service effective?

Our findings

People told us staff were skilled and knowledgeable and they were very happy with the support they received. They said, "I like the staff" and "Staff are the best ever." A relative commented, "[Family member] really likes it here. [Family member] is always happy and smiling", "Everyone needs a backbone and support. Healey House is mine and my [family member]" and "They are really good to me and [my family member]. They give advice and support when I need it." A healthcare professional commented, "All advice and recommendations made by the community team and myself were acted on appropriately."

Some people receiving support had limited communication but could relay their consent and emotions, for example, by using body language, gestures, facial expressions and vocal sounds. Staff understood people's communication as a result of a comprehensive assessment, observation and fact finding over a period of time. This had helped them understand and respond appropriately if people were feeling sad, happy or in pain. For example, staff had noted one person with limited communication showed distress and discomfort in their vocalisation and body language. Over a period of time staff recorded and monitored the different types of expression used by the person, and the findings used to identify and respond appropriately to pain. Staff were aware of people's preferred method of communication and used various aids such as scrapbooks, pictures and key words to ensure people could express their views and were consulted about decisions and choices.

We looked at how people were supported with their health. Each person had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. People were supported with routine screening and healthcare appointments. The manager and staff had very good links with social and healthcare professionals in order to ensure people received a coordinated service. We found good examples of how staff were committed to maintaining and improving people's health and well-being.

We found a recent well-being forum had been held at the service's day centre for people using the service, their relatives and staff. People had been involved in role play, discussion, group work and feedback in relation to 'A safer, fitter, healthier you' which considered all aspects of maintaining and improving people's health. Copies of photographs and material from the day showed people had been able to explore how they could improve their health, diet and fitness. Workbooks and posters developed on the day had been made available in the house for people to refer to and to discuss; this showed people's opinions and views about the service were valued. Photographs from the day showed people's enjoyment and positive interactions with each other.

We found one person had been supported with a successful and significant improvement in a long term health related condition. The person's health care plan included instructions from the specialist consultant and agreed support from staff; this included regular exercise, a consistent medication regime and a lower fat diet. Over a period of time, and with much encouragement and support from staff, the person's lifestyle and health had greatly improved. Records showed the person was now pain free and regular medication was no longer needed. This meant they enjoyed a much more fulfilled and active life than was previously possible.

Another person had been prescribed long term medicine which had been impacting on their ability to access to activities outside the house. Staff consulted with the specialist and the person was supported with a gradual reduction in regular medicine. The staff used numerous action plans and observation records and followed an agreed plan to slowly reduce the person's medicine. As a result of this the person was medication free and their health and wellbeing had improved significantly. We found the person was able to access and enjoy more activities in the community.

Detailed plans were in place for people who displayed behaviour which challenged the service. The service took a very positive approach in this area ensuring the safety of the person and of others in the service. We found good examples of how this positively impacted on people's behaviour. For example, one person suffered from behaviour that could place themselves and others at risk. Records showed how staff had discussed each incident with the person and guidance to support staff had been developed and agreed with the person concerned. Discussions included how the person felt before and following the incident, what had triggered the change of behaviour and whether the action taken was effective or not. The person's feelings and thoughts were carefully considered and they were now able to understand what made them feel angry, to recognise when their emotions changed and the action they needed to take to keep people safe. Records provided clear guidance regarding 'How to distract and divert me from aggressive behaviour'. This meant the person had been effectively supported to manage and recognise their behaviours and the impact on other people living in the house. In addition there were two Positive Behavioural Support trainers working in the service which meant staff could access prompt and appropriate advice and support in this area.

Each person had a hospital grab pack which was designed to inform healthcare staff about the person's needs, likes, communication methods, behaviours and interests. The grab packs were completed in detail and kept up to date. In the event of an admission to hospital we were told staff would accompany people to hospital and stay with them to provide them with support from a familiar face.

We found examples of how people using the service were effectively involved and supported with making decisions about their lives and the people who supported them. We found they were involved in the recruitment and selection of potential new staff. With the support of staff they had considered the personalities and attributes they would prefer their support staff to have and had devised a list of questions to ask applicants during the interview. People were also asked their opinions of the staff that supported them. Their views had been considered as part of staff appraisal and supervision meetings and had helped the registered manager to identify any shortfalls in staff conduct or to recognise good practice.

People living in the home attended regular training in safeguarding, bullying and hate crime with staff and local police officers had delivered safety awareness training for everyone. This was effective in increasing people's awareness of keeping safe, recognising risk and with reporting concerns. For example following recent safeguarding training, one person had confidently raised their concerns about another person's conduct with the registered manager. Records showed full and open discussions around expected outcomes had taken place and appropriate action had been taken. As a result of the training the person had recognised that the other person's behaviour was not appropriate and that it was safe to report their concerns.

People living in the service had been involved in fire safety training and regular fire drills. Following any practice fire drills discussions had taken place between staff and people using the service to evaluate how well the fire drill had been managed, people's responsiveness and whether improvements could be made to increase safety. People were also involved in ensuring safety equipment was available, stored appropriately and serviced. This meant the involvement in training had effectively increased people's awareness of the need for prompt action to ensure their safety.

We looked at how people were protected from poor nutrition and supported with eating and drinking. There was no set meal or time for lunch time as people were involved in different activities during the day; we observed individual meal choices were provided flexibly and at a time that suited them. The tea time meal was more of a social affair and people would get involved in the meal preparation, table setting, serving and washing up.

Special diets were catered for including those diets relating to religious observance and health and weight related issues; meal choices, including a vegetarian option were always offered. People were involved in the menu planning and went shopping to local shops and supermarkets with staff. Some people, where possible, were involved in meal preparation tasks and baking sessions with staff. We were told cookery sessions were held at the services' social centre to help improve people's skills in this area. On the first day of our inspection we observed people helping staff prepare sandwiches in readiness for a party being held at the service's social centre.

Records showed people were supported to eat healthy food and to drink sufficient amounts of fluids to meet their needs. Care records included information about people's nutritional risks and needs such as poor nutrition, dehydration and any swallowing difficulties. Attention to detail in supporting people who had swallowing difficulties meant potential problems associated with this, such as choking, were avoided. Where people were identified as being at risk, the staff liaised with healthcare specialists such as the Speech and Language Therapist (SALT) and the dietician. People's weight was checked at regular intervals.

From looking at records and from information contained in the PIR we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to support people properly. Regular training included safeguarding, moving and handling, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), first aid, health and safety, medicine management, food safety and infection control. Staff also received training in specialist subjects such as autism, management of pressure sores, positive behaviour support, epilepsy, breakaway/restrictive techniques, dementia awareness, nutrition, respect and dignity. Two staff had completed training to support them with the provision of meaningful and suitable activities. All of the staff had a recognised qualification in care.

The registered manager had systems in place to ensure all staff completed their training in a timely manner. Staff told us, "We get a lot of good, face to face training", "We get internal and outside training. The training is very good because we can link it to the people we are supporting", "I love the training it means I can learn something new" and "It is useful and keeps me up to date."

Records showed new staff completed an in depth induction training programme to make sure they were confident, safe and competent in their role. This included an initial induction, training in the organisation's visions and values which was linked to the care certificate and mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff to become familiar with people and their specialised needs.

The registered manager ensured all staff received one to one support and supervision and had an annual appraisal of their work performance. This helped highlight any shortfalls in their practice and identified the need for any additional training and support. Staff were able to discuss what went well for them, any concerns or changes regarding the people they supported and the service. Records showed competency checks had also been completed on staff practical skills. Staff told us they were well supported by the management team and told us they were able to express their views and opinions at regular meetings.

Staff told us communication between management and staff was very good. Handover meetings and

communication diaries kept staff up to date about any changes in people's needs. From our discussions and from observation we found staff had a very good understanding of people's needs and preferences. This meant people received effective care from well supported and well informed staff.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. There were policies and procedures to support staff with the MCA and DoLS and all staff had received training in this subject.

At the time of the inspection five DoLS application had been authorised by the appropriate agency. This had been clearly documented in people's support plans to ensure their best interests and choices were considered. People's support plans identified the support they needed with making safe day to day decisions and showed that best interest processes had been followed. Staff understood the need to gain consent before carrying out care and support. Throughout the inspection we observed people were encouraged to make their own choices and decisions and were supported by staff.

Is the service caring?

Our findings

During our visit we observed excellent relationships between people and observed staff interaction with people was caring, good humoured and friendly. Where people were unable to respond to our questions we observed positive interactions from staff and we saw people's enjoyment in response to this. We observed people laughing and smiling and enjoying the attention of staff. This showed they were comfortable with and trusted staff. People commented, "I talk to staff about what I want to do; there isn't a problem", "I get hugs when I get upset" and "I can go into my room when I like."

Relatives were extremely complimentary of the approach taken by staff and consistently described staff as exceptionally kind and caring. They commented, "They know [my family member] well and care about him as a person", "They care, it's not just a job. They have a personal connection with people", "Staff at Healey House are [family members] family now. They are good to him and they are good to me", "All the staff have a caring attitude. They are interested in people and what they want" and "They tell me the truth. They are very caring and straightforward."

People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care. All staff spoken with were enthusiastic about their work. They said, "I love my job; they are like my own family" and "We promote people's independence and choices and help them to live a good life."

We saw that people were respected and cared for by staff and treated with kindness. Staff spoke of people in a warm and compassionate and spoke to people in a respectful, confidential and friendly way. People welcomed and were confident interacting with visitors into their home. Visitors were instructed how to sign in, introduced to people, offered refreshments and, where appropriate, involved in discussions.

Communication between staff was seen to be very good. Daily records completed by staff were written with sensitivity and respect. They had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and they had been informed in the service user guide how the service would respect their right to confidentiality and how this was achieved, including how to access their records. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

People had a key worker who would have a special relationship with them and would take special responsibilities for their care and support. The registered manager told us the key workers were changed every 12 months and people were involved in the discussions. This helped people and staff to get to know each other better.

There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. People's individuality and choices were respected in areas such as clothing, makeup and hairstyles. In addition we found evidence that people's cultural differences had been acknowledged and respected such as in relation to diets and

religious beliefs. Staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way.

People, or their relatives, told us they were involved in decisions and discussions about care and support and their views were always taken into account.

Each person had a single bedroom. The bedrooms in the bungalow had en suite facilities. People were encouraged to choose the décor of their bedroom; we noted each bedroom reflected the tastes and choices of the person. There were two comfortable lounges, a kitchen, utility room, two bathrooms and dining area were and a staff 'sleep in' room which could be used when friends or family wished to stay.

People and their relatives were provided with information about the service in the form of a service user guide; the information outlined what people could expect from the service. The service user guide had been developed using symbols, pictures, easy read print and photographs. The guide helped new people to understand about the routines and rules of the house, the local community, activities available, the different rooms in the house, the people that lived at Healey House and the staff team.

People were supported to access advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. People were given appropriate information about advocacy in the service user guide. We received positive feedback from the local advocacy service.

End of life issues were discussed openly with people, or their relatives as appropriate. Records showed there had been discussions following a death in the home. People were supported to express their feelings about losing a friend and how they felt following the funeral. Another person was supported to visit a family grave at a particular time of year. This showed staff had genuine care, compassion and concern about people.

Is the service responsive?

Our findings

People and their relatives told us they were exceedingly happy with the care and support provided by staff. People commented, "They listen to me", "I like everybody here; I would come to [registered manager] if I had any worries", "I'm very happy" and "It's good here. The staff are good."

Relatives said, "I have nothing to complain about. They listen to what I say, we discuss any issues and come up with solutions" and "I can raise any concerns with them. There is open communication. I trust the staff and management completely." They also told us, "I am heavily involved in decisions. The staff keep me updated with any changes and have been supportive" and "[Family member] has a great social life. They have the staff to support people on a range of fantastic activities and families are always invited." Another relative said, "I am involved in various activities, parties and outings. I could not be as involved in [family members] life without support from the staff at Healey House; they are my rock."

Social care professionals commented, "I've witnessed excellent examples of person centred care and they are very responsive to any requests I've made", "The residents had a varied activity schedule and accessed a range of community activities of which some were provided by Healey Care services. Individual activity planners were evident and often supported by pictorial charts" and "The staff are familiar with client needs and follow care plans and risk assessments which are present and available when visits were arranged to look at progressing therapeutic interventions and reviews of care."

People were protected from the risk of social isolation. People told us staff recognised the importance of friendship and maintaining relationships with their families. People told us they were able to and were encouraged to keep in contact with families and friends. A relative told us how they were able to maintain contact with their family member either by visiting them at Healey House or by staff accompanying their family member to the family home. They said without the responsive support from staff it would be difficult to be as involved in their family member's care. Relatives were extremely appreciative of the support and effort provided by management and staff at Healey House.

People told us they regularly attended the social centre 'The Chill Mill'. The Chill Mill was developed by the service following people's request for accessible day time and evening community activities. The Chill Mill included a shop and was run by a committee of ten people using the service with some support from a member of staff. The Chill Mill weekly social evenings were arranged where people could participate in karaoke, dancing, and various games and competitions. Day time activities included classes in mealtime preparation, bakery, and gardening. A monthly Saturday Club had been introduced earlier in response to people's requests. People were able to meet their friends, watch a film and enjoy lunch. The Chill Mill was responsive to people's needs and people using the service were appreciative of the opportunities available in a safe and supportive environment.

The service was responsive to people's individual needs and preferences and staff worked flexibly to ensure people lived as full a life as possible. Each person had an individual weekly activity planner. Records showed people were supported to participate in and experience a wide range of meaningful activities, in line with

their abilities, interests and preferences. A range of outdoor activities were provided on an individual or small group basis so that each person's likes and needs were met. One relative said, "The activities are very individual. [My Family member] doesn't have to do what everyone else is doing just because there isn't enough staff. People's individual needs and wishes are responded to and staff are always made available."

Staff were very responsive, thoughtful and creative about the choice of activities based on the person's previous experiences and reactions. For example, one person shared with staff, fond and vibrant memories about his early adulthood spent in the city. Staff responded by arranging an overnight visit and the person was involved in the planning and researching in preparation for the visit. The person visited favourite places such as the park and the river where he was able to recollect happy memories.

Another person was due to celebrate their birthday. There had been discussions about what they wanted to do, who they wanted to invite and where they wanted to go. We noted plans were in place to ensure their wishes were granted.

In addition, following discussions about health and well-being, people had requested regular visits to the local swimming pool. The service responded by hiring the local swimming pool and a fitness instructor for weekly aqua fit sessions; this meant people were able to attend the sessions, improve their health and socialise with friends from the wider service.

Other activities included shopping, attending the theatre, shows and day centres, music, gardening, arts and crafts, games, cook and eat, cake and bake, trikes and bikes, trampoline, TV and music. We saw people had made scrapbooks and photograph albums to remember important events and the activities they had enjoyed and we observed staff chatting with people about the activities and excursions they had enjoyed. On the first day of our inspection people were preparing for a masquerade ball; each person had been involved in choosing an outfit and a mask and were looking forward to meeting their friends from the wider service.

People were very much involved and participated in the running of their home. They were also involved in some household tasks such as shopping, cleaning, changing bed sheets, tidying and collecting and sending the post.

People living at Healey House attended training sessions such as safeguarding, infection prevention control and fire safety which had a positive impact in developing people's life skills. For example, two people were responsible for undertaking infection control and health and safety audits with staff which gave them an appreciation of what is good practice and what is not. We noted they had actively raised their concerns about any shortfalls in these areas; they responded by maintaining clear walkways and exits, ensured waste bins were not overfull, used good hand washing techniques and used the correct coloured chopping boards in the kitchen.

The service had developed good links with the local community. People using the service were actively involved in various fund raising activities and determined which local charitable organisations they would support. A recent fund raising car wash event had been organised by the Chill Mill committee members and people told us they had enjoyed participating. We saw letters of appreciation from community organisations thanking staff and people living at Healey House for their ongoing contribution.

Each person had a detailed support plan which was underpinned by a series of risk assessments. Support plans placed people at the heart of their care and focused on their views and wishes for care and support and for their goals, aspirations and dreams for the future. The support plans were available in both easy

read and pictures to help people understand the information and where possible, people were actively involved in planning their own care. We saw that where people were not able to formally participate in planning their care, staff observed and noted their responses to particular events or activities which helped them plan appropriate support. This helped staff to appropriately respond to people's needs and produce a person centred support plan that would promote people's independence and well-being.

We noted one person had needed interventions as a response to their difficult mood and emotional changes and emergency response medication had been prescribed. During the past 12 months, staff had followed clear, agreed and recorded strategies and the person was now responding to staff direction during periods of agitation; prescribed medicines and restrictive practices were no longer used. The person, with support and appropriate response from staff, had learned to manage emotions more easily and would remove himself from the situation during periods of high agitation.

Another example of staff being responsive to people's individual needs included how staff managed to support one person who had serious difficulties with communication and whose first language was not English. From the records and from speaking with staff we found the person's vocabulary had increased over time through singing. The person's support plan indicated 'How do you get to know me – find a song that I connect with you'. We observed the person now sang different songs to connect with different members of staff, family members and other people living in the home. During our inspection we overheard staff and other people in the home interacting with the person by singing songs.

In addition staff had produced a personalised communication dictionary to interpret how to communicate with the person; this included a list of words, in both English and their spoken language, which they would use to indicate what they wanted or how they were feeling. Staff had clearly spent long periods of time getting to know and understand the person and working with their family. As a result of this the person was now able to communicate with people. This meant they were no longer alone or isolated and was now participating in more of the available activities inside and outside the home.

Staff were familiar with the content of people's support plans and how best to support them. They knew what was important to people and what they should be mindful of when providing their support. Information in the support plans included, 'What is important to me', 'What makes me sad and angry', 'What helps me' and 'Possessions that are important to me.' One person's plan indicated, 'I respond if I am offered a cuddle. This really helps if I am feeling sad or low.' Support plans clearly reflected human rights and values such as people's right to privacy, dignity, independence, choice and rights and we saw people were enabled to do as much as they could for themselves.

People had personalised their support plans with photographs or pictures to make them more meaningful to them and to help them to express their needs and wishes. For example, one person's support plan included photographs of the specialised cutlery used at mealtimes, toys used at bath times and the DVDs they enjoyed. The support plans set out what was important to each person and how they could best be supported. This meant staff could be responsive to people's needs.

Dignity issues were managed exceptionally well; for example, preferences regarding the gender of care staff providing personal care was always arranged and people were allowed as much privacy time that was safe. We also noted the gender of people living in the home had been considered and discussed with people. We noted that following a new admission to the service guidance had been developed in consultation with people living in the home to ensure issues associated with people's gender were respected.

People's cultural needs were respected in areas such as specialised diets, leisure activities and religious

festivals. These were clearly documented in the support plan and known and respected by staff. Daily records were maintained of how each person had spent their day; these were informative and written in a respectful way. People told us they were kept up to date and involved in decisions about care and support.

The service never accepted emergency admissions and all admissions were planned to allow the management team to have the opportunity to fully assess individuals and understand their needs and wishes. Before a person came to live at the service, a comprehensive assessment of their care needs was carried out to gather information from the person and where appropriate from their relatives and any professionals involved in their care. People were encouraged to visit the home and meet with staff and other people living in the home before making any decision to move in. This allowed people to experience the service and make an informed choice about whether they wished to live in the home. It also ensured appropriate decisions were made about whether the service would be able to meet and respond to the person's needs.

There was a complaints procedure available in easy read and large print and pictures which had been developed by staff and people using the service. The information was clear about how to let others know if they were unhappy with their care or with something in the home. Information in the complaints procedure said, 'You will not get into trouble for making a complaint' and 'Your complaint will be taken seriously'. One person had raised a concern. Records showed they received an appropriate response and they were provided with feedback about the action taken. This showed that people's concerns were dealt with in an open, transparent and honest way.

The service monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. We saw there had been two recent complaints made to the service which had been responded to and resolved appropriately.

There were a number of compliments made about this service. They included, 'Thank you for the wonderful love and care', 'staff are all loving, caring people who treat all clients with the greatest of respect and dignity' and 'how lucky are we that we found Healey House for our [family member].'

We were told the staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. People who used the service and their relatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. Some people had also participated in a 'complaints forum' which had been held at the local day centre. This helped increase their confidence and awareness of making complaints.

Is the service well-led?

Our findings

People living at Healey House, their relatives, health and social care professionals and staff spoken with had nothing but praise for the management and ethos of the service. Comments included, "I can't believe my luck in finding such a good service as Healey House", "I have only got positive things to say about the service. The home has a warm, friendly and homely feel. The staff team are always friendly and welcoming", "The management and staff are caring, honest and trustworthy", "What a wonderful caring company", "We have been very impressed with the care offered by the service and the quality of all the staff we have met" and "The service is unique; they have access to the day centre and the Chill Mill and they have respite care for people."

The manager had been registered with the Care Quality Commission (CQC) since 2014 and was described as an excellent leader who placed people at the heart of everything they did. People made positive comments about the registered manager. They said, "The manager runs this house perfectly" and "The manager has vast knowledge and experience of working with people with learning disabilities and has maintained a consistent staff team who are responsive to needs and supportive to the residential service they offer." The registered manager understood her responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team.

We found there were clear lines of responsibility and accountability within the service. The registered manager was supported by the provider and regularly met with registered managers and team leaders from other services in the organisation. The registered manager and the provider were committed to ensuring people received person centred care and to the ongoing improvement and development of the service.

The registered manager was able to answer all of our questions about the care provided to people showing a good overview of what was happening at all levels. The registered manager set out detailed planned improvements for the service in the PIR (Provider Information Return) under safe, effective, caring, responsive and well led which demonstrated the registered manager had a good understanding of the service and was focused on improvements.

The management team had a clear vision for the service which was known to staff and put into practice. Throughout the inspection we found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice was embedded into the culture of the home. People's cultural needs were respected in areas such as diets, leisure activities and religious festivals. These values were clearly given a high profile during meetings, supervisions and were reflected in people's support plans and in the high standards of care and support that people received.

There was a welcoming and open atmosphere at the service and it was clear it was very much a family run organisation. During the inspection visit we observed people reacted cheerfully and enthusiastically to the registered manager and to the staff team. The nominated individual played an important part in the running of the service, was involved in all aspects and was a visible presence in the service. The nominated individual had a good knowledge of the people who used the service, their families and of the staff team and

was known to them.

There was an excellent standard of organisation within the service. Records maintained were accessible, completed to a high standard and used for auditing purposes. We found auditing of the service to be thorough and an integral part of the operation of the service. This supported the service in providing quality care that considered people's health, welfare and safety at all times. There was evidence these systems identified any shortfalls and that improvements had been made such as in the re-decoration of the environment, garden maintenance, mealtimes and record keeping. The registered manager told us the service had recently signed up to the Driving Up Quality Alliance Code. This organisation provided a thorough self-assessment tool which was specifically aimed at the improvement and development of learning disability services.

People using the service and their family and friends were consulted about how the service was run and were involved in the development of the service. For example, the Chill Mill (social centre) had been developed by the service following people's request for accessible community activities outside of the home. It was run by people using the service with some support from a member of staff and provided them with a safe place to socialise and an environment that encouraged their independence and involvement in the service.

People also attended the 'Compass Group'. This was a 'service user' led group developed by the management of the service to enable people to meet and discuss their ideas for improvement of the service and to discuss the developments that were important to them. People had been involved in a number of workshops to develop easy to understand policies and procedures and to discuss and influence changes in areas that affected them such as complaints, management of money, safety and safeguarding, dignity in care and empowerment. We saw they had chosen the images and pictures that were used in the service's policies and records and had assisted with the development of records such as the complaints records and support plans. People using the service had been supported by staff to set up a bank account for the group and to apply for suitable grants that would help them to continuously develop and improve the service for people.

The service monitored people's satisfaction and made changes to the service when needed. The registered manager actively sought people's views and used creative methods to keep people interested and engaged in the process. For example, the registered manager had noted that the number of feedback responses returned had reduced. She had sent the most recent satisfaction survey to people and their relatives on bright and colourful postcards which had improved the number of comments returned. The results of the last survey indicated an overwhelming level of satisfaction. We noted appropriate action had been taken in response to the surveys such as changes to the environment and changes to activities; this meant people were listened to.

People were regularly asked their opinion of the staff who supported and cared for them. We noted the confidential feedback was discussed as part of the staff appraisal process and used to improve staff conduct and practice.

House meetings were held to discuss any concerns or issues that people had. We looked at minutes from recent meetings and noted that discussions had taken place about the environment, meal times and menus, activities and staff. People suggested changes to the menus and they were asked to complete a meal time survey to assist with the development of the menus. The surveys were produced with pictures of different meals and people were able to record their preferences by using smiley or frowny face icons. Changes to the menu had been made as a result of people's participation in the surveys. During the

meetings people were kept up to date with any changes in the service such as changes to staff roles or availability and what this would mean to them.

The views expressed by people using the service, their family and friends and from staff and visiting professionals were discussed at regular management meetings, house meetings and the Compass Group; changes to the provision of the service were made as needed. The registered manager told us it was important to listen to people and understand what they wanted.

We observed a good working relationship between the registered manager and staff; staff told us the registered manager worked as part of the team. Staff absenteeism was minimal and the retention of staff very good. Staff told us they felt valued, enjoyed working at the service and had a good team. They told us they received consistent and regular feedback on their work performance through the supervision and appraisal process and had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. They told us they were listened to.

The registered manager told us the service had been nominated for and were finalists in the local Mayors recognition award for their outstanding work in the local community.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. These demonstrated the registered manager and the provider were working to monitor, develop and deliver a high quality service.