Heywoods Grange Limited

Heywoods Grange

Inspection report

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Date of inspection visit:
14 June 2018

Date of publication:
14 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 June 2018 and was unannounced. The last inspection to this service was on 21 August 2015. The service was rated good in each area we inspect against and good overall. Since the last inspection, there have been no changes to the home's registration or registered manager. Following our most recent inspection we rated the service good overall with a requires improvement in the well led .

Heywood's Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates ten people in one adapted building. The service is registered for adults with a learning disability and, or people with autism spectrum disorder. At the time of our inspection there were nine people using the service permanently and one person receiving respite care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

There was a registered manager in post. 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.

In summary we found: This was a well-established service which was well managed and run in the interest of people using it. Their needs and wishes were met and the staff worked hard to create a homely atmosphere and engage people both in the home and in the wider community. There was a regular staff team who knew people well and provided continuity to people across the day. The registered manager was also the owner and had run this service over many years and had given people security and opportunities to reach their full potential. The registered manger did have a deputy manager but they had left recently. This meant the registered manager was overseeing the care and support given to people as well as managing the staff. Although everyone felt really well supported we found some gaps in record keeping including staff training, induction and formal support. This had not impacted on staff's ability to provide a good service. We found record keeping in other areas also required improvement. For example, in relation to a safeguarding concern there were no robust records supporting the actions taken by staff or any conclusions reached or lessons learnt as a result of the safeguarding concern. The service had not had any other incidents or accidents which could mean the service was well managed and risks were mitigated where possible. It could also mean staff were not accurately reporting incidents and accidents as it is unusual not to have any incidents all be it minor.

The staffing levels at the service were appropriate and people got the support they needed and had the opportunity to go out as they chose.

Medicines were administered as intended and there were robust systems of checking medicines to ensure they were not missed. Staff were suitably trained but records relating to staff's competencies were not always in place.

Staff recruitment was good and staff received adequate induction, support and training to enable them to meet people's needs. However, records did not always show us how this was achieved. Staff confirmed they had robust training and support.

Staff were aware of how to recognise and report safeguarding concerns to help ensure people were protected as far as possible from abuse.

Staff provided people with the necessary support and people's care needs were planned and documented any risk or support a person might require. These plans were kept under review in light of any changed or unmet needs. People saw health care professionals as required.

Staff were motivated and had developed good relationships with the people they were supporting and extended this support to people's family and friends. Staff supported people to maintain relationships of their choosing and to make their own decisions about this.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process.

People were supported to maintain good health and staff encouraged people to have a healthy lifestyle and participate in regular exercise. People were fully involved in menu planning and helped prepare meals for themselves and others they lived with.

Audits and feedback helped to identify what the service did well and where it needed to improve. There was a schedule of routine maintenance and refurbishment to help ensure the environment was fit for purpose and equipment safe to use. It was laid out well and provided homely, comfortable accommodation which was clean and people's space was personalised.

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.

There was a low level of reported incidents and we were assured by the service that it was because they were responsive to people's changing needs. A recent safeguarding concern was unsubstantiated but recording around it was poor.

The service had enough staff to meet people's assessed needs.

People received their medicines as intended.

Staff understood how to recognise abuse and what actions they should take to keep people safe but had failed to report a recent safeguarding concern.

The service was clean and staff followed good hygiene procedures.

Risks to people's safety were mostly well managed and the environment was fit for purpose.

Is the service effective?

Good

The service was effective.

Staff were sufficiently competent and knowledgeable about best practice. Shifts were well organised and people got seamless care.

The staff understood enough about the Mental Capacity Act 2005 and supported people lawfully.

People were supported to eat and drink enough for their needs. Their health care needs were met.

Is the service caring?

Good

The service was caring.

Staff promoted people's independence and upheld their rights.

Their dignity was respected.

The service was inclusive and involved people in decision making and deciding how they spent their time. People were consulted about their care.

Is the service responsive?

Good

The service was responsive.

People had their individual needs met and staff knew people well. Care plans were in place and kept under regular review.

Staff supported people approaching end of life and ensured people were appropriately supported.

People had a range of hobbies and activities they did around their individual needs.

The service had an established complaints procedure and took into account feedback from people.

Is the service well-led?

Requires Improvement

The service was not always well led.

Record keeping was not as robust as it could be. However, we saw people got a high standard of care and staff felt well supported.

Everyone held the registered manager in high regard and they ran an inclusive service in which everyone opinion mattered.

The service provided a safe environment which was well maintained. There were regular checks to ensure the equipment was safe to use and risks associated with the care provided were mitigated.

Heywoods Grange

Detailed findings

Background to this inspection

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

The inspection took place on 14 June 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we already hold about this service including statutory notifications sent to us. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We reviewed the Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service, four relatives, four care staff and the registered manager. We observed the care provided throughout the day and reviewed two care plans and records relating to the management of the business.

Good

Is the service safe?

Our findings

At our last inspection to this service on 21 August 2015 we rated this key question as good. At our most recent inspection on 14 June 2018 it was still good

There had been one recent safeguarding referral. We followed this up with the safeguarding team who told us they had not substantiated the concerns and did not think the accident was avoidable and they had confidence in the service. The only concern they raised was communication across the different shifts which if it had been more effective the person might have received the necessary treatment earlier. However, the GP had been called and visited and had not picked up on the persons injury. We found recording around the specific incident poor and were not able to draw any conclusions from it until we spoke with other professionals. The staff took appropriate action to safeguard the person from any further injury. The person got the care and support they needed but this must be reflected by the records.

Staff told us they regularly discussed people's care and reflected on what had gone well and what could have been done differently. They said as part of their team meetings they discussed individuals they supported and considered different ways of supporting them.

The registered manager reported that there had not been any recorded accidents or incidents affecting the safety and well- being of people using the service. This is unusual for a service of this type and size.

Staff had a good understanding of safeguarding people who might be vulnerable and had an awareness of people's past experiences. They were able to give examples of actions they would take if they suspected someone at risk of harm or abuse. Staff were aware of the adult safeguarding policies and how to refer to other agencies when appropriate. However, in regard to the recent safeguarding concern staff had not referred this to the safeguarding team, the referral had come from the hospital staff.

There were enough staff to meet people's assessed needs. We spoke to people about the staff and everyone agreed that the staff were kind. One person said, "We don't have any strangers here." By this they meant they were supported by permanent staff who knew their needs well.

We spoke with staff who said there were always enough staff to meet people's needs. One staff member said, "We plan outings and encourage those less sure to come along. We have enough staff to do that and to watch over them when we are out and about." Another member of staff said, "It's a small enough place and we have enough staff to always come and attend at any time, people aren't left waiting."

On the day of our inspection, we saw that people were supported by staff who were familiar with their needs. The service employed regular staff and did not use outside agency staff. The registered manager had been with the service for 21 years. They had considerable knowledge about people, their circumstances and how best to support them. The deputy manager had left recently but the registered manager said they were going to recruit to their post. At night, there were two members of staff, one awake and one who could be called if needed. There was also an out of hours on call system shared between the registered manager and

several experienced staff.

Staff told us that this was a well-planned, well managed service and said they all pulled together to ensure people were happy and safe. Staff said they had specific responsibilities to ensure the home was well maintained and everything was as it should be. There was a keyworker system where a named member of staff helped ensure the person they were keyworker to had everything they needed and they oversaw their care. Staff showed us their communication book and said everything was handed over as it should be.

We spoke with people and asked them if they felt safe living at the service. One person told us, "It's lovely here, my room is quiet if I want quiet time. I feel safe and there is a pavement to keep you safe when we go out. I don't like outside very much, I don't go out on my own, that's not safe but it's safe here at home." Another person told us, "I like living here, I get on with everyone, I know all the staff and it's much better for me here, yes, I feel very safe and I come out of my room now, I've come a long way from what I used to be."

Relatives were also contacted during the inspection. Their feedback was very positive and they said their family members were safe. One relative said, "It's one big happy family, best place they have ever lived in, and there were a few. We always just turned up at random and never ever had any concerns. And if we did, but we didn't you know, we could always chat to the manager about just anything."

The premises were mostly safe and fit for purpose. The first-floor windows were not restricted and could be opened fully. The registered manager told us people on the first floor were more able and the unrestricted windows did not pose any risk. There were no risk assessments in place to establish if there was any initial risk either to the person whose room it was or to anyone else who might enter the room. We asked the registered manager to formally assess the risk from unrestricted windows. They agreed to do this.

The service was well maintained and risks were minimal. The kitchen was well used and people sat chatting and assisting staff with cooking. There were clear risks assessments around cooking utensils and heat sources where there was the risk of scalding.

There was guidance around supporting one person who had reduced mobility and staff were patient and gave clear instructions about what they wanted them to do in terms of mobilising to a standing position. Staff gave support as appropriate. There was guidance around maintaining skin integrity to help ensure people's skin stayed intact. Staff monitored people's hydration and nutrition to ensure they received a balanced, healthy diet and did not lose or put on excessive weight. There was guidance around managing behaviours which may put people at risk or present a risk to others.

People had individual fire risk assessments which gave guidance to staff as to the likely support they would require in the event of a fire. Fire doors had automatic closures and fire strips to reduce smoke inhalation. The fire doors offered half an hour protection from fire and there was a clear evacuation plan. Staff received fire training and there were fire drills the last being in June 2018.

The service was clean and we did not identify any concerns with infection control or cross contamination. Staff observed good practices and we saw them washing their hands and taking universal precautions. For example, there were colour coded chopping boards and different coloured cloths to be used for different purposes. Staff supported people when they were cleaning and promoted them to use the right cloth. The service had designated domestic staff but they also held a qualification in care so could support staff as necessary.

Staff recruitment was adequate. Staff were employed after they had attended a job interview and were able

to satisfy the registered manager they were fit for employment. Candidates had to demonstrate their fitness by completing an application form showing their previous work/life experience and its relevance to care. Professional and personal references were sought by the registered manager to check if the member of staff were of good character. They would complete a disclosure, and barring check. These told the employer if the person was barred from working in care of if they had committed an offence, which might make them unsuitable to work in care. Proof of address and personal identification was also supplied and on file.

People received their medicines as intended by staff who were suitably trained and competent. People's care plans included details of what people were taking, what it was for and if there were any special instruction such as whether they were to be taken at a certain time or with/without food.

Staff spoken with who administered medicines confirmed they had received adequate training. This had been refreshed recently. They said they were supported until confident and initially observed medicines being given and then were observed giving medicines. Not all staff administered medicines unless they agreed and were sufficiently confident to do so. Competency assessments were undertaken as confirmed by both the registered manager and staff but records were not in place to demonstrate this. This was discussed at the time with the registered manager who agreed to put them in place.

There was a medicines policy in place governing staff practice. There was no policy around self-administration but the registered manager said no one could currently do this safely. This should be kept under review. A week before our inspection the supplying pharmacist carried out a full medicines audit. Several things were identified. These were put right immediately by the registered manager. These were in relation to a policy not being in place for homely remedies and prescribed when necessary medicines not having clear up to date protocols. The service helped ensure people had medicines as intended by checking all medicines daily to ensure it had been given. This was recorded on the handover record to show it had been checked and any discrepancies such as a missed signature could be easily rectified/followed up. Periodic audits were carried out and stock rotated to ensure it was available as prescribed and still within best before dates.

We saw that people's medicines were reviewed under supervision of the relevant professionals and carefully monitored for any unwanted side effects.

Good

Is the service effective?

Our findings

At our last inspection to this service on 21 August 2015 we rated this key question as good. At our most recent inspection on 14 June 2018 it was still good.

The registered manager could not provide robust evidence of how new staff were supported through their induction. We looked at staff records for newer staff. These records did not provide evidence of what training they had already completed. The registered manager confirmed they had not yet done any training but did not work unsupervised. There was no evidence of what support/observations of their practice were carried out to ensure they were sufficiently competent to work on their own. The registered manager confirmed that when staff first started they would be inducted and cover the environment, safety procedures, policies and procedures and getting to know people's care needs. However, this was not recorded. Staff had not completed manual handling training but the registered manager said no one needed assistance with their mobility. Only one person was not very mobile but they could transfer independently. Staff confirmed a more experienced member of staff shadowed them until they felt confident. Another staff member said they shadowed more experienced staff and were shown people's routines on the varying shifts. They were able to describe all the recent training they had completed and how it made them more comfortable in their job role. They felt they were given all the required support and training they required.

The registered manager confirmed that staff with no previous experience in care would do the Care Certificate. This is a nationally recognised induction programme for care staff, which covers all the knowledge and key competencies for care staff. We saw evidence that some staff had done the certificate and other staff had completed an additional qualification in care.

Staff told us they were well supported by the registered manager and said they were mostly in the home supporting staff. Staff told us they chatted every day to communicate people's needs and pass on anything that might require following up. Formal staff supervisions had mainly been the responsibility of the deputy manager and had lapsed since they had left their post. Some staff had not had supervision this year and the previous year showed supervisions were not undertaken regularly. Without these records it was difficult to establish how staff's support, development and training needs were identified and met. It was also difficult to evidence how staff were kept up to date with best practice and relevant legislation.

Staff confirmed that they knew about changes to legislation and best practice in care homes because there was guidance and policies around the home. They also stated the registered manager constantly reminded staff about good infection control procedures, safe administration of medicines and how to support people appropriately. Staff had access to face to face training which was interactive and enabled them to learn from each other.

Staff meetings were not held on a formal basis. Staff did meet and any issues or things which needed addressing were recorded in the communication book including tips and reminders. This could be improved upon to show how staff were supported and developed and how poor practice or good practice was identified and acted upon. The registered manager agreed to get on top of this and said they would also be

doing annual appraisals of staff performance but these were not in place yet for all staff.

Much of the home's training was sourced externally and was up to date. Training was provided face to face. Staff completed some distant learning courses through one of the local colleges. Training included generic courses and courses relating to the specific needs of people using the service including a module for supporting people with learning disabilities. Staff administering medicines had all recently been retrained by the supplying pharmacist.

Staff files for longstanding staff showed evidence of training undertaken which was up to date and included the care certificate. Staff were enthusiastic about their jobs and told us they did training in abundance including being encouraged to take additional care qualifications and courses relevant to the needs of people using the service such as Makaton, (sign language).

Relatives when asked if the staff were competent and well trained, said they had confidence in the whole service.

The environment was fit for purpose. The house was large with spacious gardens and six acres of land. The garden was well maintained with areas of interest and a fishpond. The registered manager said they also kept bees. In the heart of the home was an extensive kitchen, which had a very large farmhouse table where everyone sat together and enjoyed their meals. In addition, there was a well-furnished lounge and other areas where people could sit and relax and have some privacy. Everyone had their own large bedroom and these were personalised to reflect the person's interests and hobbies. A shower had been taken out of action but there were enough showers for people to use. There was some refurbishment-taking place but we found the house in a good state of repair and décor. The service had accommodation on both ground and first floor. There was a chair lift in situ but no one was currently using it.

We found staff understood and had enough knowledge about the Mental Capacity Act 2005 and knew how to support people lawfully. 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 decisions, any made of their behalf must be in their best interests and the least restrictive.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We observed staff asking people for their consent before providing support. Staff knew what processes they needed to follow for person who lacked capacity to make decisions for themselves and where a best interest decision was required. There was no one in the service subject to any restriction. However, an intercom system was used by one person so they could seek assistance from the night staff if they needed the toilet in the night. There was no written agreement for this or consent established for its use. This should be put in place.

The home was easily accessible and everyone had freedom of movement. Individual risks were assessed and planned for. We saw mental capacity assessments had been completed in relation to medicine administration and consent sought. Staff told us capacity assessments would be completed as required and were task specific. Where a person lacked capacity to make decisions staff had consulted with the local authority and in some instances tried to secure an advocate. This was where family were not involved or did not hold enduring power of attorney for the person's care and welfare. Power of attorney meant they could act on the persons behalf.

We asked staff about mental capacity and they told us people always had a choice but in some instances, they recognised that people could not make bigger decisions which might be necessary. Staff said they never made choices for people but would tell the registered manager if a person was struggling to decide or give consent. It would then be for the registered manager and social services to decide how best to support that person and to carry out capacity assessments where required.

There was guidance and training for staff to help them understand the principles and practical application of the Mental Capacity Act 2005.

People were supported by appropriate appointees to manage their finances. Financial assessments were in place showing what support people needed with money and budgeting and there were systems in place to guard against financial abuse.

People were supported to eat and drink appropriately. Meals were planned in consultation with people using the service. People were involved in shopping which helped ensure they had meals of their choice. We observed people being involved in cooking and being adequately supported at mealtimes. We noted people were encouraged to eat healthy options, and portion size varied according to need and preferences. Several people had low fat options. Other people had additional calorie intake to promote healthy weight gain. The home monitored people's weights and took actions where a person was at risk of unintentional weight loss which if continued might put people at risk from malnutrition

There were assessments in relation to the risk of choking and staff took appropriate steps to ensure risks were mitigated. We observed staff giving people appropriate supervision at meal time and reminding people to slow down their eating which could increase the risk of choking.
There was input from dieticians and the speech and language department as required.

People's health care needs were known and supported by staff. People's care plans recorded their health care needs and how these should be treated/monitored. The service regularly engaged with health care professionals and people accessed the treatment and services they needed. The registered manager was able to demonstrate how some people had seen real health benefits from changes/reduction in their prescribed medicines and changes in their diet to help healthy bowel function. Staff had a good understanding of epilepsy, potential triggers and subtle changes to a person's behaviour which might indicate seizure activity. Staff helped people by reducing their stress and helping them avoid potential triggers which might increase their seizure activity.

Staff told us there was a registered learning disability nurse attached to the local hospital and they could support people from the home in the event of a hospital admission. Staff from the service said they would support people when going into hospital to help them settle in. Adequate information accompanied the person going to hospital so their needs would be known.

Good

Is the service caring?

Our findings

At our last inspection to this service on 21 August 2015 we rated this key question as good. At our most recent inspection on 14 June 2018 it was still good.

The registered manager gave us a lot of information about the people they were supporting. Some people had come from other homes, which had shut down or from previously living with family members. Some people had previously had traumatic experiences, which had affected their emotional well-being. The registered manager told us how they provided a safe, secure environment for people and supported people to access the services they needed.

We spoke with people and observed their care and support. One person said, "Everyone is kind here. I like them all." Another person said, "I get on with everyone. They are really nice to me here."

We spoke with families who told us how happy they were with the care and support their family member received. One family member said to us, "Finding this home was the best thing that happened to us, it's wonderful they are settled and happy." Another relative said, "As care homes go this is as good as you can get." They told us they were fully involved and consulted about their family member's care and said a communication book went between the service and the family home. This helped them know how they had been and anything they should be aware of. They said staff always telephoned to let them know any changes. They said standards had been maintained over the years and staff/registered manager were accessible. The only concern raised from family is they thought people did less than they used to due to people getting older. They said there use to be fetes and more events families could attend but not so much now. The registered manager told us it had been a difficult year with the passing of two people which had caused a lot of upset in the home.

We spoke with staff who told us how much they enjoyed their job and supporting people daily. One staff told us, "I absolutely love this job and the interpersonal relationships we build up. Its ran as people's home. There's lots of involvement of people in what they want to do. Staff have autonomy to take people out."

The service was inclusive and families said it was like a home from home and they were made to feel welcome by staff. Several people had died in the last year and staff continued to stay in touch with the families and provided emotional support. Some relatives were elderly and said the service had provided a vital life line and they could rest in the knowledge that their family member was suitably cared for. Staff told us they sent birthday cards and occasional cards to family members.

We observed the support people received. One person appeared very anxious about going out and staff reassured them constantly and said, "Don't worry X, we will all go out together, we will all walk together, and no one will be left behind." We observed staff being kind, empathetic and genuinely fond of and respectful to people. They clearly all knew each other very well, gently teasing and having fun with people about things such as football and singing. The staff were inclusive and spoke with people about what they would like to do and any plans they had. Everyone was given the opportunity to join in including people who could not

verbalise their thoughts. Staff smiled, supported and encouraged people to express themselves in any means they could and staff were familiar with sign language.

We observed people being encouraged to be independent. Their care notes included what people had done and what they needed support with. We saw at lunch time people were involved in meal preparation and then encouraged to tidy up after themselves and others. Some were involved in light house work and staff gently encouraged them. Staff assisted rather than doing things for people.

People were offered appropriate choices and determined how they wished to spend their time. There were no formal resident's meetings but staff gave us examples of how people chose what they wanted to do including involvement in food shopping, menu planning, choosing colour schemes for redecoration and activities they wanted to do. Staff said one person had never been to a castle so staff took them and people chose holidays or days out. Staff told us when they had training on a key aspect of their role such as infection control then people using the service could also join in and learnt about safety.

The service worked with people to help them achieve their goals and ambitions and we saw a lot of involvement and interaction with people. The registered manager gave us a good insight into people's needs. For example, they told us about a person who had been very fearful of any one from the medical profession wearing a white coat and how through gradual exposure and patience they had been able to support the person. Initially they had asked health care professionals not to wear a white coat until they had gained the trust of the person. They had gradually built the person's confidence which had a positive effect on other aspects of their life. For example, they had not wanted to go out or get into a car but were now willing and enjoyed doing both. Staff referred to a marked difference in their behaviours and levels of anxiety which was indicative of the person feeling more secure. Staff told us that they had seen changes in people and their willingness to engage and move forward.

Good

Is the service responsive?

Our findings

At our last inspection to this service on 21 August 2015 we rated this key question as good. At our most recent inspection on 14 June 2018 it was still good.

People's needs were assessed before admission to the home. The service was able to demonstrate how they were meeting people's needs for as long as it was appropriate to do. On the day of our inspection some people had already left for the day and there were plans for those still at the service. One person wanted to be left alone and staff respected this, another was doing a puzzle and interacting with staff. We observed staff supporting people to make their lunch and to tidy up after themselves. Staff told us that people had a range of needs and interests. One person went down the gym, another went to college and all attended events locally.

The registered manager told us that previously on site they had kept many animals and people had looked after them. They now had five cats but no other animals. The registered manager stated that some people attended day centres. However, the registered manager was looking to develop an activity programme in-house for people. They said they could staff this separately and either run it from the service or rent premises in the nearby town. This would be subject to agreed funding from the local authority. They showed us an initial plan, which included relevant and appropriate activities to suit people's needs.

The service was close to a large town and people often accessed local facilities. The service also had several vehicles staff could use on the behalf of people.

We reviewed two care plans. These gave sufficient detail about people's assessed needs and how staff should provide support to each person. They included details of people's health care needs, and any medicines required. They gave some background history for each person and their earlier life experiences.

The care plans detailed what support people required and what they could do for themselves. They were personalised to people's individual needs and demonstrated how people were encouraged to retain their independence.

There was guidance on supporting people with positive mental health and support around behaviours which might put people or others at risk. Risks to individuals either from their care or from the immediate environment were documented and showed what was in place to reduce the risk. Care plans and risk assessments were reviewed and regularly updated to ensure they reflected the person's current needs and preferences.

Staff told us about two people who had received end of life care. Staff said they planned for people's future taking into account their wishes should they become ill and what treatment they might wish to have and where they would choose to die. This helped the service know and whenever possible accommodate the person's wishes. Staff provided them with the necessary emotional support and the support was inclusive of family. The district nursing services were involved when appropriate. Staff told us they kept life books, which

included photographs of what people had done whilst living at the service and the relationships they had built. This was given to the family. Staff talked about the people that had passed away which other people using the service and shared their memories of them. The registered manager said everyone in the home went to the funeral and this was the families wish.

One staff member said, "We never ever left X. We all worked together as a team and [person] wasn't on [their] own when [they] died." Another staff member said, in relation to the recent deaths, "We all supported each other, it's very much like a family here, and we didn't need any outside help. We are a team here."

There were no recorded complaints but we did see lots of positive feedback for the service. The registered manager was very open and regularly communicated with her staff, people who used the service and family members. By having this open approach concerns could be dealt with quickly. There was an established complaints procedure. This gave details of who else people might be able to contact if they were unhappy with the home's response.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection to this service on 21 August 2015 we rated this key question as good. At our most recent inspection on 14 June 2018 we rated the service requires improvement.

Overall this was a good service which was managed in the interests of people using it. However, we found in recent months the deputy manager had left and the home had supported a number of people towards the end of their life. This undoubtedly had impacted on staff and people using the service. Although the service was still providing good care we found records did not always support the excellent work the home was doing. Staff confirmed their training was up to date and they had been properly inducted before working independently on shift. We saw some induction records but not for staff most recently employed. We found some staff's training was not up to date and there was limited evidence of formal supervision to help ensure all staff worked to consistently high standards.

We found care plans although person centred did not clearly illustrate what people did with their time or how they were supported to reach their goals. The registered manager told us life books were completed which included pictorial evidence of what people had done and where they had been. They said these were given to families once the person had died as a lasting memory of the time spent at the home. We found these were not being kept up to date and people's participation in activity varied according to funding arrangements and their willingness to participate.

The service had a recent safeguarding concern raised. The notes around this incident were limited and they did not demonstrate that staff took responsive actions. We were not clear without talking to the safeguarding team what actually happened but were reassured that following the incident the home took robust actions to safeguard the person.

During our inspection we saw people received individualised care and staff were familiar with their needs. Staff helped promote people's independence and continued to encourage people to be self-sufficient. The registered manager gave us a detailed overview of people's needs and how much some people had to overcome from their past. They gave examples of how people had progressed in terms of their emotional well-being and stability. Strong bonds had been formed with individuals using the service and their wider circles of support. The staff team were well established and provided continuity to those they supported. We asked people, staff and relatives how they were supported by the registered manager and we received good feedback from everyone.

One staff member said, "She is fantastic, we couldn't ask for a better manager, she listens to staff and is open to challenge and how she can make things better." Another staff member said, "It's a very special place to work, we really are like a family here."

One relative told us, "The care is seamless; the routines are seamless. Their ethos is it's their home, but they have also instilled discipline that's really working." We spoke with the relative whose family member had died and they told us, "Everything was perfect there and they really helped us emotionally. We were more

than satisfied I can't praise them high enough. I wanted to put the registered manager up for a New Year's Honour. We know she went over and above what she needed to do but it's very hard to quantify for these awards."

The service asked for feedback from people on a regular basis through reviews and by sending out surveys. Surveys had been sent out to family members in the past but nothing recently. The registered manager said they had not had a good response from postal surveys and relied on verbal feedback and feedback given on a social care website. The registered manager regularly contacted family members and over the years had developed positive relationships with professionals and knew who to contact. The feedback we saw was positive about the care, the environment and staffing. The registered manager had invited families to care reviews which included the person and social worker to review how the service was continuing to meet people's assessed needs.

The registered manager referred to the support she received from other professionals and how they felt able to raise any concerns or ask for advice as needed. They had previously had contact with other care services and had offered to share training and learn from each other. They had attended networking events with other managers to help them stay updated with any changes in legislation and best practice. They were aware of changes to the Data Protection Act and were making sure they were compliant. They had completed the registered managers award and were sufficiently knowledgeable and competent.

The registered manager had developed and updated their own policies and were now reviewing all the information they held in order to comply with the new revised General Data Protection Regulation which was implemented in May 2018. They completed audits frequently and we saw records which related to health and safety, cleaning audits and fire safety. Approved contractors were used to check the equipment was safe and well maintained. Staff carried out regular checks to ensure the fire alarms and emergency lighting were in good working order. In addition, they carried out fire drills to ensure they could safely evacuate people in an emergency. There had been recent contact with the fire authorities about the safety of the premises in light of changes to people's needs and the instillation of a stair lift. The fire service had made a recommendation which had been addressed. We viewed the fire risk assessments and portable appliance testing. We also checked water temperature records and the legionnaires risk assessment. Changes to the environment had been made following audits including changing all light fittings to LED light bulbs, and improved signage around the home to help people orientate themselves.

We saw the procedures in place regarding reporting accidents, incidents and near misses but nothing was recorded other than the one incident. The registered manager said people were always supervised for their safety and staff constantly reminded to follow guidance about safe working practice.