# K T Health Limited

# Argyll House

## Inspection report

201 Holt Road
Cromer
Norfolk
NR27 9JN

Tel: 01263515130
Website: www.kthealth.org

Date of inspection visit:
15 December 2016
16 December 2016

Date of publication:
19 April 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 December 2016 and was unannounced. Argyll House provides accommodation, care and support for up to 12 adults with mental health needs. There were 10 people living in the home when we inspected.

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.

People living in the home were safe. Staff understood their responsibilities for safeguarding adults, including recognising signs of abuse and how to report any concerns. Medicines were stored and managed safely, and were administered as prescribed. The premises were well maintained, with regular health and safety checks and up-to-date servicing. Risks were assessed and managed in the least restrictive way possible.

There were enough staff to provide the care and support people needed. Staffing levels were based on people's needs and were kept under review. Staff were recruited safely, checks being undertaken before they started work to ensure they were suitable to work in a care setting.

Staff were well trained and were competent in their roles. There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a better quality service. Some training had been specifically sourced to help meet individual's needs.

Managers and staff applied the Mental Capacity Act 2005 with confidence, ensuring that people were as involved as they could be in decisions about their care.

There was a strong emphasis on the importance of eating and drinking well. Mealtimes were relaxed and sociable and people enjoyed their meals. Food options were attractively presented and people had ample choices regarding what they wanted to eat. Special dietary requirements were understood and provided for. Food and drinks were available whenever people wanted them. If people were at risk of not eating and drinking enough, they were supported effectively with this. People had regular and ongoing access to healthcare and relevant professionals.

Care was planned in partnership with people and people received the care and support they needed to meet their individual needs. People spoke highly of the quality of care they received. The owner, manager and staff were all committed to working in a person-centred way. They respected people's wishes and preferences and treated them with kindness and compassion.

People were supported by compassionate and caring staff, who placed people's wellbeing as a priority. Staff built strong relationships with people and consistently respected people's dignity and privacy. People were

able to choose what they wanted to do and when.  People were also supported to develop and maintain relationships with their friends and families.

Creative ways were found to enable people to live full and meaningful lives. People were encouraged to do things they enjoyed and this included social activities based on people's interests. People engaged in a number of activities inside and outside of the home and were supported to develop, maintain and enhance their independence as much as possible. People's health needs were responded to in a way that had a positive impact on their quality of life.

People's rights were protected because the manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005, and were confident in putting these into practice. People were strongly encouraged to express their views and were fully involved in decisions about their care.  Staff understood the importance of gaining consent from people and sought this before providing care.

The service had a clear management structure, with an established registered manager and a 'hands-on' owner. People living in the home, visitors and staff were confident in the leadership of the service. They were encouraged to raise any issues of concern, which were taken seriously and the appropriate action taken.

The manager and owner were supportive to the staff in the home, who all worked well together as a strong team. There was a strong emphasis on continually striving to improve the service. There were active endeavours to involve people through informal conversation, formal reviews, meetings and surveys. As well as consulting with people, the service strove for excellence through reflective practice at all levels, from care staff to management. There were systems in place to monitor the quality and safety of the service and bring about any improvements that were needed. The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality 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 were safely supported to maintain and enhance their independence whilst minimising risk. The environment was safely maintained and staff understood how to protect people.

People were safely supported to take their medicines.

### Is the service effective?

Good

The service was effective.

There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a better quality service.

Managers and staff confidently worked in accordance with the Mental Capacity Act 2005 and staff sought people's consent before providing care or support.

There was a strong emphasis on the importance of eating and drinking well. People had enough to eat and drink, with ample choices.

People had regular and on-going access to healthcare and relevant professionals.

### Is the service caring?

Good

The service was caring.

The service had a strong, visible, person-centred culture. The manager and staff at all levels were committed to working in a person-centred way and treated people with compassion and kindness.

People trusted the staff in the home and people's dignity and privacy was consistently respected.

### Is the service responsive?

Good

The service was responsive.

People's care and support was planned proactively, in partnership with them. The service was flexible and responsive to people's individual needs and preferences.

The service strove to be known as outstanding and innovative in providing person-centred care based on best practice.

People were supported to engage in meaningful activities, hobbies and interests and chose what they wanted to do.

People's concerns, complaints and comments were actively encouraged and seen as part of the process of driving improvement.

## Is the service well-led?

Good

The service was well led.

There was a person-centred, open and transparent ethos. People living in the home, visitors and staff were encouraged to raise any issues of concern and these were always acted upon.

The owner, manager and staff had a track record of putting people at the heart of the service and involving them meaningfully in decisions about how the service was run.

The manager and owner had in-depth knowledge about everyone who was living in the home and they supported staff well. All the staff worked well as a team.

There were a number of systems in place for monitoring and improving the service. There was a strong emphasis on continually striving to improve the service.

# Argyll House

**Detailed findings**

## Background to this inspection

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

The inspection took place on 15 and 16 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We reviewed this information when planning our visit. Before the inspection, we reviewed other information available to us about the home, such as the notifications they had sent us. A notification is information about important events which the provider is required to send us by law

During this inspection we met and spoke with five people living in the home. We also spoke with five members of staff. These included the manager, the owner and three support staff. Three healthcare professionals, who had regular contact with the service, also gave us feedback.

We reviewed four people's care records and risk assessments and checked a selection of medicines administration records. We reviewed a sample of other risk assessments, quality assurance records and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

# Is the service safe?

## Our findings

People living in the home told us they felt safe. One person said, "Definitely! This is a very safe place to be." Staff were able to tell us what kinds of abuse people could suffer and how they would respond if they had concerns. We saw that staff had received training in how to protect vulnerable people from harm and were able to tell us what they would do, and who to report information to, if they had concerns. Safeguarding contact details were available to staff as well as people living in the home.

People's care records contained assessments of risks associated with people's daily lives, as well as their health conditions. These included aspects such as self-neglect, drinking alcohol, addictive behaviours, personal care, nutrition, socialising, daily living skills, managing finances and budgeting. Staff supported people to understand what the risks were and how to take risks as safely as possible. People's assessments contained guidance for staff on how best to mitigate risks whilst enabling people to maintain their independence and choice as much as possible. The consistency of support staff contributed to people's safety because it meant that they were familiar with risks to individuals. Accidents and incidents were recorded and responded to in terms of updating people's risk assessments and taking action to further mitigate risks.

There were enough staff to meet people's needs. One person we spoke with said, "There's always staff around here and they help us with whatever we need." We observed during our inspection that staff were constantly visible throughout the home and that they were available to provide support and assistance when needed. The manager and the owner both told us that there were enough staff within the team to cover sickness and annual leave, so there was no need to use agency staff. There was also stability within the staff team and a low turnover of staff.

There were systems in place to ensure that the home only employed people who were deemed suitable to work in their roles. Staff confirmed that the manager had made the appropriate checks before employing them. These included references, proof of identity and criminal record checks with the Disclosure and Barring Service (DBS).

We saw that appropriate safety checks had been carried out in respect of fire safety, electrical appliances and the safe management of water. The building was also well maintained and the surrounding environment was kept safe. Fire drills were carried out regularly and there were systems in place to mitigate risks of fire.

People were supported to take their medicines safely. One person told us, "They [staff] always make sure I take my medicines properly." Staff who administered people's medicines had been appropriately trained. We checked a selection of medicines administration charts and also looked at the results from a recent medicines audit. These records were all seen to be in good order with no errors or omissions noted. A member of staff told us that if and when any errors occurred, these were recorded and appropriate action was taken by the manager, to help improve and promote people's safety. We also saw that medicines were stored safely.

People were supported to follow an independence plan, which helped them to learn and understand how to manage and administer their own medicines independently. We saw that staff worked with people through structured stages, to ensure people were confident and competent in doing this for themselves.

Good

# Is the service effective?

## Our findings

People living in the home spoke highly of the abilities of the staff and said they were confident about their competence. Staff told us that they felt they were suitably trained, which enabled them to do their jobs well.

We observed a number of areas in which the service demonstrated how they provided an effective service to the people they supported. From a reduction in self-harming behaviour, through to people having an increased sense of belonging which the owner told us was, "The spring board to enablement." The owner also explained, "Creating a secure base for people to build a life on has had incredible results for people who believed they'd always be part of a system."

There was a proactive support system for staff that developed their skills and knowledge and motivated them to provide a quality service. For example, we saw that the home used a 'four- tier' training approach. The owner explained that tier one covered mandatory training such as, medicines management, safeguarding, moving and handling, first aid, food hygiene and fire safety. Tier two was additional training, relevant to Argyll House, such as mental health awareness, effective communication, understanding anxiety disorders, care planning and team working. Tier three was individual bespoke training delivered by the manager, (a qualified Registered Mental Nurse), which was relevant to a specific presentation or diagnosis of an individual living in the home. Tier four was any personal development requirements that may be raised by a team member during supervision. Records we saw confirmed that staff completed training as required.

The owner told us, "This evidences a thorough approach to staff development; encompassing the range of what they need to know to do a great job, what they want to know for personal development and what their specific interests are."

The service demonstrated an individual approach to staff development, which was confirmed by a member of staff we spoke with. This person had ambitions to progress and was clear about the support they were receiving to develop and enhance their confidence and skills to take the next step forward. The owner explained that their approach was designed, "Not to set people up to fail, but to grow confidence in a team and their individual abilities."

During our inspection we saw that training sessions were being held for food hygiene and moving and handling. We saw that these sessions were attended by people living in the home, alongside staff. People we spoke with were enthusiastic about the training and told us they had learnt a lot. Both staff and people living in the home were proud of the certificates they received from training they had undertaken.

The owner told us, "This flattens the hierarchy and values learning in all. Including residents with the training programme gives the message we can all learn together and we are all equal. Watching resident's confidence grow whether they are extinguishing fires during the fire training, or discussing mental health during the mental health awareness training is a key outcome in training. Sharing knowledge together and believing that residents are experts is a core principle of Argyll House."

The service supported new staff through the induction process to develop the knowledge and skills to be able to perform their role, and ensured that only suitable staff were retained. During their induction, new staff would work alongside and shadow more experienced staff, as well as complete their mandatory training.

Staff told us that they received supervisions and appraisals, during which they could discuss any further training they needed and review their performance. Staff and the owner told us that communication between the whole team was constant and that a half-hourly update meeting was held each morning. We saw that there was a two way supervision process, where staff completed a feedback form to bring to their supervision sessions. This enabled reflection of practice prior to the meeting and helped the supervisor to gain an in-depth understanding of any issues a staff member may have. The owner told us that staff set the frequency of their next supervision but were fully aware that they could request it at any time.

People received care that was tailored to their individual needs from staff who had a detailed understanding of their requirements and were skilled, knowledgeable and confident in supporting people who lived with mental health needs. This was clear during our observations and all of the interactions we observed between staff and people living in the home were positive. Staff respected and valued people as individuals and spoke with them in an appropriate way, taking time to listen and make sure they understood what people said.

Staff had a good understanding of the importance of gaining people's consent. We observed, and staff told us, that they gained consent from people before providing any care or support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The owner explained how sometimes a person's capacity to understand and remember information to make some decisions was variable. They told us that people were supported to make decisions in their best interests, allowing for any times when their capacity was impaired.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff told us that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also demonstrated that they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity.

People we spoke with who were living in the home confirmed that they lead their care with support from the team at Argyll House, were always included in decision making and their consent was always sought.

A social worker told us, "They [staff] always talk about residents with respect and as responsible adults who have choice and can make decisions. They [staff] have a good understanding of human rights and Deprivation of Liberty Safeguards."

There was a strong emphasis on the importance of eating and drinking well and the approach taken by the service was completely person centred. People were supported well to help ensure they had enough food and drink and people had ample choices. People were also encouraged to make personal requests. We joined people during a lunch time and saw that most people chose to eat together, with staff, at the dining

table.

We saw that there was a buffet style lunch for people and that each person made an individual choice regarding what they ate. For example, there were various types of bread and rolls, a selection of cold meats and salads, hot pies and pastries and fresh fruit. The owner explained that this helped provide people with choices and variety and encouraged them to plan and create their own meals; to their own preference.

We observed that meal times were cheerful and sociable occasions, with staff eating with people and chatting with them at the dining table. People told us that they could also eat in their rooms if they wished. We saw that the home did not have a specific "lunch time", in order to promote personal choice about meal times. We also saw that people were able to make drinks and snacks for themselves as and when they wished.

A social worker told us, "Argyll House feels like a home." They went on to tell us how they had visited the service on occasions around lunch time and were invited to join people to eat. They said that this was together with people living in the home, as well as support workers, the manager and kitchen staff. This person told us how people living in the home had also made hot drinks for them.

Some people catered for themselves and we saw that people were supported to follow an independence plan, which helped them to learn and understand how to prepare their meals independently. Staff worked with people through structured stages, to ensure people were confident and competent in doing this for themselves.

We saw evidence of personal choice with the self-catering programmes and the owner explained how all staff worked with the philosophy that, "Although you may be working towards self-catering; on days you may feel this is too much for whatever reason. There is always food available from the main kitchen."

Equality and diversity was also highly respected and promoted in the home. For example, we observed that some people living in the home made individual choices around their diet based on personal beliefs. We noted that the approach of the management was not just to supply the required food and ingredients. People were also encouraged and supported to use the internet to find and choose different recipes they would like to try. People then had the choice of having it prepared and cooked for them, prepare and cook the recipe alongside staff or prepare and cook it independently. The owner told us, "Culture and choice is embraced and seen as a positive aspect of identity."

People told us that they enjoyed their meals and one person told us how they chose to follow a strict vegetarian diet. This person told us that their diet had been very limited prior to living in Argyll House but that now they chose from a wide range of options. If people were identified as being at risk of poor nutrition and hydration, they would be supported appropriately and advice would be sought from professionals such as the GP and dietician.

In respect of people's general physical and mental health and wellbeing, we saw that people had regular access to relevant healthcare professionals when this was needed. The manager and staff also told us that they regularly sought and followed guidance from external healthcare professionals. This helped people to be supported and cared for effectively.

Good

# Is the service caring?

## Our findings

The service had a strong, visible, person-centred culture. People living in the home valued the relationships they had with the staff team and all spoke highly of how caring the staff and management were. People received kind, compassionate support that was delivered in a supportive, homely environment. One person showed us a photograph they had taken of the house with a rainbow over it and said, "This is exactly what this [Argyll House] is; it's the pot of gold at the end of the rainbow – it's amazing here!"

We noted that all the staff worked hard to build strong and trusting relationships with the people they supported. We also observed positive, caring and supportive interactions between staff and people living in the home throughout our visit.

The home used a recognised and respected model of care as a framework for helping staff to understand and support people with mental health needs. The owner and staff explained the importance of trust being the first stepping stone to building positive relationships. They also understood the different ways that trust could be broken; albeit unintentionally, and hopefully avoid this situation occurring.

One person we spoke with told us that, before moving to Argyll House, they had experienced a considerable number of unsuccessful placements but that since moving into the home their mental health and wellbeing had improved immensely. The owner and this person told us how they had told everyone at their recent care review that it was the first time in their life they had felt genuinely loved and wanted. This person told in detail how they felt about Argyll House and how it had changed their life for the better.

Another person we met with had moved to Argyll House as an urgent admission, following a breakdown with their previous placement. We saw that this person's mental health and wellbeing had also improved significantly and they had very quickly responded positively to their new and enabling environment. We noted that this person was now attending a local college independently and were planning the next steps in their life.

A professional from the 'Leaving Care' team gave us permission to quote some feedback they had recently sent to the management of Argyll House. This person said, "I just wanted to take this opportunity to thank you and your staff team for the incredible work you have done with my client. This is the first time I have seen [Name] emotionally contained enough to be able to settle in their accommodation." This person also added, "Living at Argyll House has also meant that [Name] generally only calls me for practical issues rather than calling me when [Name]'s anxieties have become too much. I feel that this demonstrates the level of trust that you and your team have been able to develop with [Name].

We were told how one person, after moving on from Argyll House to independent living, had initially telephoned the home on a daily basis for advice, support and reassurance. It was evident that this ongoing, arm's length, support had enabled the person to successfully progress positively with their life. As a result, the person now only felt the need to telephone staff once or twice a week.

People told us they felt the staff treated them with dignity and respect and that their privacy was also respected. People told us that they were able to form friendships and were supported to maintain important relationships.

People's spiritual needs were acknowledged and provided for, whether they had a faith or not and regardless of their faith. There were links with local churches and some people living at the service had retained their connection with their churches.

Equality, diversity and inclusion was very strongly respected and promoted in the home. One example was a person who was of a particular faith but had initially been unsure about how they wanted to practice it. We noted that, in accordance with the person's wishes, staff had supported them to visit a place of worship and meet with a local leader of the faith. We were told that some members of staff in the home also followed the same religion. These staff helped educate other staff members, as well as people living in the home, and act as advocates for the person. This had helped staff and people living in the home to have a better understanding of the person's needs and be able to support them appropriately with their chosen faith.

A social worker told us, "Staff members are professional at all times when they talk to other professionals or residents. When they discuss a service user's situation they always invite me into the office and they would never discuss anything confidential or personal in front of other residents."

People's views were acted upon and their opinions were regularly sought. We saw that regular house meetings enabled people to share their views and discuss any issues. For example, we noted that some people living in the home smoked e-cigarettes, whilst others smoked tobacco. It had been raised by some people who smoked the e-cigarettes that they didn't want to be in the same environment as tobacco smoke. As a result, measures had been taken to create a second smoking area, so people could smoke in separate areas if they wished.

Staff and the management were committed to working in a person-centred way. People told us how they maintained and improved their independence. One person told us how they had a flat within the house and were working towards independent living. This person said, "I love it here; I'll move out eventually but I'm not in any rush."

The home was spacious and people were able to spend their time where they wished, whether in their own rooms or in communal areas. People's own rooms were personalised to their taste, with their individual possessions around them.

The owner told us how the approach and philosophy at Argyll House had enabled people to move on from a residential care environment to 'supported living' in their own accommodation; and then to live independently in the community. The owner said that many people had been able to rely on the staff team being there, 'every step of the way' and could still call on them; even after they had moved into their own homes." The owner explained that to achieve this outcome, when some people had been historically 'written off by the system' and had nobody to champion their cause, evidenced two things for them. They said, "Firstly, we are all equal and with the right support amazing things happen. Secondly we all need a right hand man and by being the place people rely on and trust they begin to believe they are more than someone with a mental illness."

Good

# Is the service responsive?

## Our findings

Argyll House strove to be known as outstanding and innovative in providing person-centred care based on best practice. It specialised in mental health care and the whole staff team were attuned to the individual requirements of people living with mental health needs.

The management and staff worked with recognised and respected approaches and models of mental health care and support. The manager and owner kept up to date with best practice in mental health and ensured this was adopted by the staff. Health and social care professionals who had contact with the service said it was focused on providing person-centred care.

People received personalised support, which accommodated their preferences, goals and aspirations. People were proactively involved in the planning of their support needs. The manager thoroughly assessed individual support needs with people before they moved into the home and we saw that these were recorded. Each aspect of people's support and any health conditions they had were also discussed, so people could agree the level of support they would receive. We noted that people living in the home had a wide range of diagnoses, abilities and needs. The owner explained how these were met through individual planning, which encapsulated the joint ethos of, "We are all equal, all need trust and all need belonging."

We saw that the personalised care planning approach used by staff placed people living in the home firmly at the centre of their plan of support. People's individual wishes were a prominent factor in the support plans and we saw they were compiled using people's own wording, aims and timeframes. The owner told us how the staff team helped to 'waken people's curiosity by encouraging and enabling new things to be experienced.'

One member of staff told us, "We work hard at involving people in their support. Everybody's different and people have different aims and ambitions, as well as different hobbies and interests. We respect everybody as an individual."

We saw that people's care records covered areas such as the physical and emotional support they required, including certain signs that could indicate if a person may be becoming unwell. Guidance was also provided for staff to know how best to support each person with their individual support needs. The records we looked at had been reviewed regularly and were up to date and accurate.

People we spoke with told us that the staff's understanding of their needs was very good and that they received personalised care which encompassed their individual health and support needs. We saw that information about people's specific needs was available and easily accessible to staff within their care records.

A mental health professional told us, "I found manager and staff at Argyll House very accommodating and efficient in assessing and implementing care needs of my client." This person also added, "My service user's needs were foremost in all care planning; plus there was an excellent communication network between

service user, staff and myself."

Creative ways were found to enable people to live full lives and meaningful activity was seen as important. People were supported to follow their personal interests as well as get involved in daily running of the home if they wanted, such as helping around the house and garden. The service actively sought and accommodated new ideas which people living in the home suggested. For example, one person told us how they had suggested some ideas for the garden and that staff were going to help them get some wood and build another gazebo.

The service was flexible and responsive to people's individual needs and preferences. For example, another person we met with showed us their room and told us how they had chosen everything from the high quality flooring to the curtains and decoration. This person had particularly wanted a very large tree branch to be hung in their bathroom, as part of their inspirational craft and design work. The owner explained how their approach had been how to help the person make it happen safely; rather than why they could not do it. We saw that staff had worked closely with the person, incorporating risks and safety assessments and had successfully found a way of suspending it safely from the bathroom ceiling. The person told us how this had meant everything to them and they were delighted with the outcome.

People were encouraged to keep active and avoid isolation by pursuing varied interests, hobbies and activities. In addition, people were encouraged to develop existing skills or learn new ones. One person told us how they really enjoyed art and being creative. This person showed us a number of artistic features they had made in the garden and a beautifully impressive art display, in the entrance of the home. We saw that this art display welcomed people in and promoted the ethos of Argyll House. The person explained how the display represented what Argyll House was about. For example, we saw that positive words and phrases had been integrated within pictures and photographs, such as 'Hope, Trust, Harmony and Love' and, 'I can't but we can!'

We saw that further evidence of individuality was reflected in people's personal timetables. These were in accordance with people's individual choices and preferences and included activities outside of the home. For example, one person had re-engaged with college whilst another was supported to regularly attend a local gym. Another person enjoyed cycling, both independently as well as with staff. Some people living in the home were also involved in local environmental schemes and support groups in the community.

Other activities we saw that people undertook included daily living skills such as cleaning, doing the laundry, shopping and self-catering. In addition, some people attended clubs or workshops and some people engaged in computer activities, games, sports, gardening and going for walks. We also saw how people wrote ideas for group activities they wanted to try and subsequently helped staff to coordinate them.

A professional from the 'Leaving Care' team had provided feedback that stated how their client was getting the type of support that they had always needed by living in Argyll House. They also added that living at Argyll House had given [Name] the confidence to focus on their studies.

A social worker told us how they had been impressed with the look and feel of the home and garden and how a variety of tools in the garden and craft materials in the lounge indicated people's engagement in those activities. We observed this to be the case during our inspection.

Complaints and concerns were taken seriously and dealt with in a transparent way. People's concerns and complaints were actively encouraged and seen as part of the process of driving improvement. The service also recognised that people may sometimes have 'grumbles' or concerns they would not wish to deal with

formally and encouraged people to raise these.

People living in the home told us that they were regularly asked for their opinions and feedback and could make a complaint if they needed to. One person told us, "I don't have any complaints at the moment but I know I can talk to any of the staff or the management if I do." We looked at the results from the most recent quality assurance audit. We saw that 100% of people's responses were 'excellent' when asked if they felt happy discussing any concerns with the manager. When asked how people rated the home's responses to any complaints or comments, we saw that 83% of people rated this area as 'excellent' and 17% rated it as good.

Good

# Is the service well-led?

## Our findings

The atmosphere all around the home was positive, welcoming and homely throughout the inspection. People living in the home told us they felt Argyll House was a good home that was run very well. People told us that they would definitely recommend the home to others. Staff we spoke with said they were a good team and worked well together. One member of staff told us, "It's a lovely place to work and everybody gets on really well together. We've got a really good team here."

A mental health professional told us, "The atmosphere is generally one of calm collectiveness and conducive to the recovery of service users; although I do appreciate this exterior does not just magically happen but is due to the hard work, care and commitment of staff."

The person-centred, open and transparent ethos was understood throughout the staff team and was consistently put into practice. The ethos of the home around giving people choice, promoting and enhancing independence and maintaining high quality care and support was evident through all of our observations and the conversations we had with people living in the home and staff.

Argyll House had established a positive and open culture. The owner and manager encouraged people living in the home, visitors and staff to raise issues of concern with them, which they always acted upon. People living in the home, visitors and staff had confidence the management team would listen to their concerns, which would be received openly and dealt with appropriately. Staff said the manager's door was always open and that anything they said was taken seriously and the appropriate action taken.

There was a strong emphasis on continually striving to improve the service. The views of people living in the home were seen as important and were taken seriously. Our observations and discussions confirmed that everybody living and working in the home was actively involved in the development of the service. We saw that regular meetings and daily discussions helped ensure that people's views were listened to and acted upon. People living in the home were involved in the design and décor of the home as a whole as well as their own rooms. People were also regularly consulted on ideas that could make their home, and the lives of the people living there, even better.

For example, community meetings were regularly organised, chaired and the minutes taken by people living in the home. We were told that these meetings were held at least once a month but could be called at any time by anyone living or working in Argyll House. We saw that people discussed and agreed improvement plans during these meetings and action was taken appropriately.

During one of these meetings a person living in the home said that they felt it was unfair that people who used e-cigarettes should have to use the same space as tobacco smokers. As a result a second person volunteered to work with others and draw up a plan for an e-smoking area. This was done and an e-smoking area was implemented within one week of the meeting.

We saw other examples that demonstrated how people were actively involved in developing the service.

During our inspection we saw that people living in the home had decided to move the communal computer from the lounge to the 'quiet room'. We saw that, together with staff, people moved the furniture around and rearranged the two rooms. People living in the home commented that they had agreed between themselves that if this didn't work out, they could always move it back again. We noted that this decision had ultimately been made by people living in the home and demonstrated that people were confident that their opinions about the running of the home were respected. This meant people were able to make improvements as a team, which showed that everyone's opinions were considered equal and valid.

We looked at the results from the most recent quality assurance audit. We saw that 100% of people responded 'excellent' to the questions of how they rated the quality of care at Argyll House and their overall impression of Argyll House. People we spoke with who lived in the home confirmed this was a true reflection of how they felt.

As well as consulting with people, we saw the service strove for excellence through reflective practice. The owner, manager and staff reflected on accidents, incidents, complaints, safeguarding investigations, audits and inspections to consider how practice could be improved.

There was a registered manager in post, who fully understood their responsibilities and reported notifiable incidents to CQC as required. We saw that the manager had an open door policy and was clearly visible within the home. The registered manager and the owner were role models who consistently demonstrated excellent practice to staff. They worked closely with staff, frequently observing and providing support.

The open and honest culture of the service was evident. Communication between the owner, the manager and the whole staff team was noted to be frequent and effective, with regular staff meetings and daily discussions. Minutes of group supervisions and staff meetings reflected frank and open discussions. We saw that staff meetings covered aspects such as training, housekeeping and other service specific topics. In addition, staff had meetings each morning during which each person's health and wellbeing was discussed in detail. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team, as a whole, regularly took note of people's comments, thoughts and feelings to ensure they could continually maintain a good quality of life.

The manager and designated staff also carried out regular in-house audits covering areas such as health and safety, medicines, accidents and incidents. These helped identify and reduce any negative trends by taking appropriate action where necessary.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The owner and manager strove to improve the quality of care for people living with mental health need, both in Argyll House and in the wider community.