

Fairmont Residential Limited

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Inspection report

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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?

Good 

Summary of findings

Overall summary

About the service

Fairmont Residential Limited is a care home providing personal care and accommodation to 7 people who have a learning disability and or autism. Care is provided on two floors, with bedrooms and communal areas on both floors. The service can support up to 7 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received an outstanding quality of life, as staff quickly recognised changes in health needs and offered early interventions for people. There was a detailed and extensive assessment process to ensure people's needs could be met before they moved into the home. They invested in support from a variety of health professionals who without exception spoke positively about the home. Staff were passionate and committed to ensuring people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received bespoke individual training and support that was specific for people's individual needs. They undertook a variety of accredited training based on individual's needs. There were also champions in place to offer staff support and drive improvement throughout the home. They ensured that people were supported to maintain good health and nutrition; and worked in partnerships with other organisations to achieve this. Innovative ways were used to ensure the environment was adapted to meet people's needs, this included considering people's cultural and sensory needs.

The care people received continued to be extremely person-centred and delivered consistently and responsively, this ensured positive outcomes were achieved for people. People continued to have positive relationships with the staff who treated people with respect and kindness. People had a core team of staff who were specifically identified for them based on their individual needs and their protected characteristic, such as their gender and cultural need. Staff knew people exceptionally well and collaborated with people and their families to enhance their lives. There were innovative communication systems in place to assist people to express their wishes and make choices. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff understood and promoted the importance of people being part of their culture and community. There was a complaint procedure in place, which was provided in a format that was accessible to the people living in the home. Complaints were responded to and relatives were happy with the outcome and how the home was managed.

People continued to receive care that was safe and based on their individual needs. There were enough

dedicated staff available to support them and they were recruited to ensure that they were suitable to work with people. People were protected from the risk associated with their medicines and received their medicines safely. The home was clean and infection control procedures were followed. The provider had ensured that lessons were learnt from when things went wrong and action taken.

There was a positive culture which put people at the centre of the service. The whole staff team worked closely with other professionals and valued their input in assisting them with positive outcomes for people. Governance systems were fully embedded in the home to continue to drive improvements, this was closely monitored and reviewed. Staff felt involved with the running of the home, there was clear levels of delegation and they spoke positively about the company and the support they received. We were notified of significant events that occurred in the home and the previous rating was displayed in line with our requirements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (27 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Outstanding ☆

The service was exceptionally Responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Fairmont Residential Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection visit took place on 12 November 2019. The inspection visit was carried out by one inspector.

Service and service type:

Fairmont Residential Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission. The previous registered manager had recently left, and they were in the process of recruiting a new one. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan.

During the inspection:

As people were unable to tell us about their experiences of the home we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with three members of staff, two deputy managers and the operations manager. We did this to gain views about the care and to check that standards of care were being met.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

After the inspection:

We spoke with three relatives over the telephone of people living at Fairmont Residential Limited. We also received feedback from seven health professionals who work closely with the home. We requested some additional information from the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse and had received training in this. They were confident concerns would be actioned by the home and the provider, if they raised them. One member of staff told us, "Its reporting any form of abuse."
- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- Individual risks to people were considered. For example, where people had behaviours of concern, staff worked with people, their families and professionals to effectively support people to reduce their distress. There was clear guidance in place for staff to follow. Staff were aware of the actions they needed to take if these behaviours occurred and these were followed.

Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support.
- People living in the home required various levels of support from staff. For example, one person required three staff to support them for 13 hours per day. We saw this was provided for them during our inspection.
- All the staff and relatives we spoke with were happy with the staffing levels within the home.
- There were systems in place to ensure pre-employment checks were completed before staff could start working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

Using medicines safely

- Medicines were managed in a safe way and administered by staff who had received training and were competent to do so.
- When people were prescribed 'as required' medicines there was detailed guidance in place for staff to follow, to ensure people only received this when needed. Staff also had to get permission from a senior staff member before these medicines could be administered.
- We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- There were infection control procedures in place and these were followed. The provider completed an

audit in relation to infection control, the last audit identified compliance in this area.

- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The environment was clean and well maintained.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk. The provider recorded when incidents had occurred in the home, the action they had taken and any learning from this. They also documented how this had been shared with staff and how it could be completed differently if this reoccurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- The provider ensured staff training was developed and delivered around individual's needs.
- One of the staff employed were certified master instructors in the management of actual or potential aggression (MAPA), which meant they had exceptional understanding of individuals behaviours and needs. This meant other staff could work to develop bespoke care plans for people alongside this staff member. The MAPA accredited programme delivers comprehensive training that teaches management and intervention techniques to staff, to enable them to support people in a professional and safe manner.
- Other accredited training, that was specific for individuals needs had taken place, this included Understanding Autism and Sensory Processing.
- All staff spoke positively about the training they received. One staff member said, "It's all individual aimed towards the person, we get the opportunity to discuss the person, what would work for them and what wouldn't. It's just really brilliant."
- Champion roles had been embedded to drive improvement and develop staff skills. These roles had motivated staff to get involved and develop their understanding in different areas for example, oral health and medicines.
- A professional spoke positively about the staff team and the support they received, they said "There seems to be a low turnover of staff and therefore staff have an extensive working knowledge of individual needs".
- All staff confirmed they received ongoing support. This included yearly appraisals and regular supervisions. They included a review of training and learning where they could offer feedback. This demonstrated staff were included in the development and improvement of the home. One member of staff told us, "We have a very robust one to one. We have the opportunity to go through everything and speak to the manager. This role can be very challenging so it's important we use this time well and have these opportunities."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People received an outstanding quality of life, as staff quickly recognised changes in health needs and offered early interventions.
- It was quickly identified through a change of behaviour that a person had a concern with their teeth. The provider worked closely and jointly with the dentist and in the persons best interests, to ensure this person needs were met, and the teeth could be removed.
- Due to the complexity of this individual, a desensitisation programme was implemented to ensure this was successful. The programme looked at the care this person needed holistically and the impact this

intervention could have on the persons anxiety and wellbeing.

- Staff, along with the person, worked alongside the dentist and the environment prior to intervention to ensure a rapport was developed with themselves and the person.
- On the day of the intervention the staff team had worked together to ensure it was a success and the person had five teeth removed. Staff and relatives spoke enthusiastically about the impact this had on the person. One staff member said, "They are so much better now, you can tell by the way they are they feel better, they are calmer." A relative told us, "The progress they have made since is amazing."
- People who used the service had access to expert support. The provider had invested in support from specialist mental health and learning disability professionals including a psychiatrist. Input from these professionals had assisted people's progress.
- Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed, relatives confirmed this to us. Where people had specific health conditions there were comprehensive care plans in place and staff had training from specialist health professionals in relation to these.
- Professionals told us they had excellent links with the service. One healthcare professional said, "Staff are always polite and well informed in regard to their clients' medical history and background. If anyone in their care needs to come to the surgery, we try and work together to arrange a quieter appointment time to help alleviate any stress and anxiety for people." Another professional told us, "We recognise Fairmont as one of our most able and reliable local providers, who care for some of our more challenging patients. Staff are reliable at arranging and attending appointments, and always provide thorough updates and information on their clients. Specialist advice is sought when necessary and acted on."

Adapting service, design, decoration to meet people's needs

- Innovative ways were used to adapt the environment to consider people's individual needs.
- The provider had worked alongside a specialist autistic organisation to develop a sensory garden for the individuals that lived in the home. The garden had been created and focused on people's individual stimulants. For example, one person like strong smells and an area in the garden was developed that reflected this. Staff told us people benefited from this and it helped to reduce anxiety and levels of distress for people.
- People's cultural needs in relation to their environment had been considered. One person's toilet had been adapted to ensure it was safe to use and that they could follow their religious code when using this.
- People's individual rooms had been adapted to consider what was important to them. One person had an area of their bedroom which had been adapted into a sensory area, as they enjoyed periods of relaxation.
- Areas of the home had been adapted to consider people's needs. One of the smaller areas of the home which was previously communal had been adapted into two single flats. It had been identified the people living there responded better in their own environments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found they

were.

- The staff team were passionate about maximising people's capacity to make decisions and had a very good understanding of the MCA. Mental capacity assessments we looked at involved the person and others, such as family, and considered factors such as the person's preferred method of communication and their wellbeing on that day to ensure that the person was at their best.
- All people living at the home had a DoLS in place. They also had a specific guidance about restrictions placed upon them. This guidance considers least restrictive options for people. There were clear and detailed redirection techniques considered. For example, when one person became anxious and displayed a behaviour that could escalate. Staff encourage the person to go into the garden or for a walk, as this was a known activity which reduced anxiety for this person.
- People were protected from the use of avoidable restraint. The operations manager explained that physical intervention was only used where absolute necessary as staff were skilled in de-escalation and distraction techniques. Support plans and risk assessments were in place related to people's behaviour and these detailed the circumstances under which physical intervention may be required. Staff we spoke with had a good understanding of how to minimise the need for restrictive physical interventions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the home, they were continually reviewed and updated when changes occurred. Staff worked closely with families to achieve this
- Care plans in place were exceptionally detailed and clear and gave staff all the relevant information to offer the correct support to people
- The provider was also member of relevant organisations to ensure they were kept up to date. This included: Bild, The West Midlands Care Association and Restraint Reduction Network.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat food they enjoyed and maintain a healthy balanced diet.
- People were able to make choices about what they ate and drank by their preferred method of communication. We saw around the home there were pictures and symbols that people used at mealtimes to make their choice.
- There was a shop and cook session that took place each week for each person living at the home. Staff told us the importance of this for people. One staff member said, "When [person] was using PECS to make their choice, they weren't really eating and playing with their food. Since we have introduced this, and the person goes out and chooses, they are eating much better. We have identified they like spicy foods." PECS allows people with autism with little or no communication abilities, a means of communicating non-verbally.
- We saw the staff had an excellent knowledge of people's preferences and the support they needed to maintain a balanced diet
- The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs and charts were completed to ensure that each person ate and drank enough to meet their needs. People's weight was monitored on a regular basis to ensure any weight loss or gain was identified and actions taken as needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were caring. One person told us, "I can't praise the staff enough, they are amazing. They know my relation so well and go above and beyond. Nothing is too much trouble."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed.
- People were supported to maintain relationships which were important to them. For example, people were encouraged to spend time with their relatives. Relatives would visit them at home and people would visit their relatives in their own homes. People also met their relatives in community setting, such as local restaurants.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and maintained. Staff gave us examples of how they did this, including during times when personal care was taking place. Care plans reflected this and the support people needed.
- People were encouraged to remain as independent as possible. For example, staff encouraged people to be involved with preparing meals. One staff member told us, "We encourage people to do what they can for themselves. If they can't on that day for any reason, then we encourage them to be in the kitchen to see what is happening."
- People's right to confidentiality was understood and respected by staff.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day including what they would like to eat and drink and what they would like to wear. People had their own vehicles so could access the community when they wished.
- People's care plans considered their choices and preferences throughout and staff provided support accordingly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's care was extremely person-centred and delivered consistently and responsively. Staff were extremely knowledgeable about each person and could give a detailed account of how they supported each person, with their needs and preferences.
- When people had a change in need this was proactively managed. For example, we saw recorded and staff told us how they had recognised a change in behaviour for a person. Without delay staff had documented this change and through meetings this was discussed. It was recognised a health intervention was required. Staff told us, and documentation confirmed after the intervention had taken place this behaviour had begun to reduce. This meant the knowledge staff had of people and the early recognition and intervention from staff had caused minimal distress to this person.
- Professionals spoke positively about the approach the staff took. One professional told us, "I have always found staff to be caring and responsive in meeting the needs of clients whilst providing a person-centred approach. Staff work in a very transparent way, value input from health professionals and implement recommendations as provided by all disciplines. Staff always appreciate input and will seek support from our team where required to provide person centred support."
- When people had moved into the home there was a detailed and extensive assessment process to ensure their needs could be met. This process had also considered other people who lived there and the impact this may have on them.
- The transition processes had been developed to consider people's individual needs and at pace that suited them. For one person staff had worked with them in their previous home. One staff member told us, "It was essential for us to get to the know the person and build some trust. Without that the placement may have failed." The transition for this person had proved successful and staff could describe to us the positive impacts.
- Professionals spoke enthusiastically about how people had progressed since moving into the home. One professional told us, "I find that the home is very responsive to [name of person] needs and clear regarding the requirements for their care not only in specific situations but on-going". Another professional said, "My patient has been generally settled in more recent times, after an initial placement-threatening period of turbulence with their care."
- It was evident by records that were in place, the positive outcomes achieved for people since moving into the home. We saw that people's health had improved; people had shown improvements in their behaviour and people had engaged in more activities and accessing the community.
- We saw staff worked closely and collaborated with people and their families to enhance their lives. They offered an inclusive approach by ensuring families were listened to and empowered. All relatives we spoke

with felt wholly involved with their relations care. One relative told us, "I couldn't tell you how they could involve us anymore, they just couldn't."

- Each person continued to have a core team of staff and an allocated keyworker that supported them to offer consistency and provide a familiar face for people and their families. A keyworker is a named member of staff who takes additional responsibility for an individual and maintains contact with their families if they want them to.
- The keyworker had agreed with families how they would communicate with them and how they wished to be updated. One relative told us, "I get a call every Wednesday and Sunday. That's what we agreed, they never forget. I find out what my relation has been doing, any appointments that have been arranged. Everything really, it's just exceptional."
- The core team of staff had been developed based on people's individual needs and their protected characteristic, such as their gender and cultural needs. They had been developed in conjunction with people's families. One relative told us, "The consistency of this is unbelievable. To say my relation will have a core group of staff is one thing but to deliver that day to day is remarkable, they have benefited from this so much. It made them more settled. For us it helped develop that trust needed for this to work well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- We saw that staff had taken an innovative approach to meeting and exceeding this standard and ensuring that information was correct for each person.
- Each person had a copy of their 'planned care' in an easy read format. This had been adapted specifically to meet the needs of each individual and how they preferred to communicate. For example, one person preferred to communicate in Makaton and PEC's. We saw this was used throughout all their plans.
- For other information such as meeting minutes and procedures there was a range of formats prepared for people.
- There were innovative communication systems in place to assist people to express their wishes and make choices. For example, one person chose how they would like to dress by showing staff pictures of their clothes on their I pad. A staff member said, "It is really important to the person, they go out for a meal in the evening and like to look smart, they show us which shirt they would like to wear. You can tell by their body language and facial expressions what this means to them."
- Other people had communication systems specifically created for them. For example, in one person's bedroom they had a wall which had been adapted to a chalk board. This was important for the person in planning what they were doing each day.
- We also saw the picture exchange communication system (PECS) was used to support people in making choices and decisions about what they wanted to do. Some people had a personalised set of symbols for them to choose from.
- The home has also worked alongside the GP surgery to ensure people received letters and results in a format that was suitable for them. They had written to the GP for each person requesting the format people would require. The GP had responded, and people now received this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Without exception staff understood and were knowledgeable about people's differing religious and cultural beliefs and the importance of this to them. They had also worked closely to plan people's support with their families to ensure they were participating in the religion in a manner that was appropriate for

them. Staff were innovative in providing care and support which met their needs.

- Staff understood and promoted the importance of people being part of their culture and community. People had the opportunity to attend religious services. One person attended the mosque, weekly. Staff spoke enthusiastically about how this person had become part of this community and gave us examples of this.
- The care plans in place had been developed with the support of families and other staff with the same cultural needs. For one person there was detailed information about how this person should dress for the mosque and actions they should take when they arrived. All staff were able to tell us the detail in this care plan and the importance of this.
- Where people had specific dietary needs due to their culture this had been considered. For example, staff had worked closely with families to source halal butchers in the local area so that meat purchased was in line with people's cultural requirement.
- Staff understood the importance for their families to be involved. Arrangements had been made that some families came into the home on a weekly basis to cook cultural meals with their relation. Others were involved with the grooming of their relation.
- Where other people had religious belief but chose not to actively worship, this had been also considered. For example, one person chose to participate in celebrations of different religions; for example, at Christmas and Hanukkah.
- The service was exceptional at providing people with meaningful activities that met their individual needs, so they could live as full a life as possible.
- The in-depth knowledge of people and their life histories were used to plan a diverse range of activities for people. We saw that people regularly visited community facilities. One person visited a restaurant each week which had considered their cultural needs.
- People had the opportunity to participate in activities they enjoyed such as swimming and bowling. They also had the opportunity to go on regular holidays.
- Other people attended an autistic specialist centre where they participated in activities that related to their specific needs, such as music sessions.
- Staff had worked with families and people had access to their own vehicles. One staff member said, "It means they don't have to wait, waiting is a big trigger for most of the people that live here. This has reduced anxiety and then subsequently behaviours, no end."
- People were encouraged to participate in shop and cook activities. This had been adapted for each individual need for example, some people would go into the shop and chose from what was on offer, where as other would make choice using pictures before leaving the home.
- Some people had difficulty managing sensory information and environments and this could affect their behaviour and sense of wellbeing. We saw they were supported to manage this through activities and environments with low stimulus when this was needed.
- People were encouraged to maintain relationships that were important to them. Several people's families lived at the other side of the county but despite this the staff team still supported these people to visit them every few weeks.
- Staff had worked with a person and their family, so they could go on a family trip abroad. Although staff did not support on this trip they had worked closely with the family to develop and implement a plan to ensure this was a success. Both the staff and family told us how successful this had been.

Improving care quality in response to complaints or concerns

- Relatives were confident their concerns would be responded to and knew how to raise a complaint if needed. Relatives gave us examples of how the staff had listened and acted when they had raised any concerns.
- There was a system in place to record and respond to complaints, which was provided in a format that

was accessible to the people living in the home. We saw people were supported to access an advocate when needed, to ensure their concerns would be listened to.

- We saw that all concerns and complaints were logged and investigated in line with the provider's policy and procedure.

End of life care and support

- Whilst the provider was not supporting anybody with end of life care, we saw plans were in place to show how people would be supported at this time to make decisions. This considered peoples capacity in this area and the people that were important for this person in making any decisions. This ensured staff were aware of how to meet people's preferences at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The previous registered manager had recently left the home. The provider was in the process of recruiting to this position. Since the registered manager had left, the operations manager continued to have oversight of the home and worked alongside the two-deputy managers that were in post to ensure continuity in the home. They also ensured that the high level of standards was maintained during this time.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the management team. They had the opportunity to raise concerns by attending team meetings and individual supervisions. They told us they could raise concerns at any time.
- The provider had set up a dedicated telephone line so that if needed staff could raise concerns about care. Staff were aware of this and that they could do this confidentially.
- The provider ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on medicines, infection control and behaviours of concern.
- The provider had used this information to identify where trends were occurring in the home, so action could be taken to consider and resolve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives, staff and professionals spoke positively about the management team and the culture of the home. One staff member said, "We are a good team, communication is the key. We have an open-door policy so can discuss anything at any time. I am happy working here, it's a good place to work." A relative described the home as, "Amazing and wonderful."
- The management were available and visible for people and their relatives.
- The home had a clear vision and strategy to develop the service to ensure they delivered quality care and support and achieved positive outcomes for people.
- Following an incident staff had recognised the impact the job role may have on their wellbeing. Although staff proactively worked to offer support to each other, so that their mental wellbeing was considered. It was identified by a senior member of the management team when a situation had occurred, that staff did not have the formal knowledge or experience to offer each other the correct levels of support.

- The provider acknowledged this and created a champion role in this area. [Mental health] A staff member who was enthusiastic about this attended accredited training and now offered appropriate support for staff when needed. The staff member who was the champion told us, "It was really good training, it helps to spot the signs early so that we can offer support."
- The management team spoke positively to us about the impact this had on staff, how it had helped reduce sickness and team morale.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the provider

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people and their relatives who lived in the home. This was through keyworkers meetings, regular reviews and telephone calls.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed. Feedback from professionals we spoke with was positive.