

Aspects 2 Limited Hannacott

Inspection report

Abbeymead Avenue
Abbeymead
Gloucester
Gloucestershire
GL4 5GR

Tel: 01452615539
Website: www.aspects2.co.uk

Date of inspection visit:
21 March 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 21 March 2017. The last inspection took place in July 2015. There were no breaches of regulation at that time.

Hannacott is a care home providing accommodation and personal care to six people with learning disabilities, physical disabilities, sensory needs, complex health issues and communication difficulties. At the time of our inspection, there were six people living at Hannacott.

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 experienced a high level of care and support that promoted their health and wellbeing. People were happy, felt safe and felt cared for. People were 'very happy' with the service they received. We received positive comments about their views and experiences. People told us they felt safe because the staff were "Caring and enjoyed what they did".

People's risks were identified and managed well and their care needs were met exceptionally well. People were cared for by staff who knew them really well and who had been well trained to support people. Where possible, people were involved in the planning of their care. If this was not possible, people's representatives were encouraged to be involved. People's care plans were detailed and very personalised which helped staff deliver the support people wanted and needed. For some people, this had resulted in real improvements to their health and abilities which in turn had meant people had become more independent. People had very good access to health care professionals when they needed this and their medicines were managed well.

Staff were very well supported and valued by the provider who invested well in their training and welfare. There was a strong sense of "family" and team work. Staff were proud of the work they did and were fully committed to ensuring people were at the centre of everything that took place at Hannacott.

People we spoke with told us staff were very caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "Highly motivated" to describe the staff. All of the people we spoke with told us they felt staff went over and above what was expected of them and they couldn't ask for more from the staff. Care staff spoke highly about the service provided. One said, "I love working here". Another person said, "I am proud to be working here". People told us they would recommend the service to others. There was a genuine sense of fondness and respect between the staff and people. Staff were positive about the people they supported. One member of staff said, "I love helping the people I work for". Another person said "It means so much to make somebody smile and their compliments mean so much to me".

Staff were constantly looking for ideas on how to improve people's quality of life. People's likes, dislikes, preferences and aspirations were explored with them. Staff worked hard to make sure, that where it was possible, people had opportunities to lead as full a life as possible. They made sure daily activities were tailored to meet people's preferences and abilities. Staff made sure people had opportunities to enjoy themselves. People's suggestions and ideas were sought and valued when it came to planning these activities.

The registered manager offered strong and experienced leadership and had a clear vision about the direction of the service. They were highly committed to improving people's lives and ensuring people had the best care they could receive, and expected the same high standards from the staff who were as committed to these values as the registered manager was. The management team was very much part of the overall care team at Hannacott. They were very involved in people's care, visible and approachable. Staff at Hannacott clearly understood their role and worked hard to promote a homely atmosphere in the service.

There was a robust quality assurance system in place to ensure people received the best possible service. For example, extensive work had taken place to improve people's mealtime experience at the Home. The registered manager worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives. The registered manager had developed a strong leadership team within the service to ensure the high standards implemented were sustained in their absence.

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 protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

People were protected against risks to their health and welfare from staff who knew how to keep people safe.

Medicine administration, recording and storage were safe.

There were enough staff to meet people's needs and to support them when they wanted help. Robust recruitment practices were in place.

Is the service effective?

Outstanding ☆

The service provided to people was very effective

People experienced a high level of care and support that promoted their health and wellbeing. Staff had worked closely with health professionals to ensure people received a highly personalised service.

People experienced a person centred approach to ensure the home was tailored to their individual needs and preferences.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

Staff had worked very closely with people. Their representatives and professionals involved in their care to ensure care planning was holistic and person centred.

Is the service caring?

Outstanding ☆

The service was very caring. The registered manager and staff were committed to providing the best possible care.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's likes and preferences were very well explored by the staff. These were included in the person's care plans and this had resulted in very personalised care being provided.

People's rights were protected and respect for people and upholding their privacy and dignity was central to how people were supported.

Staff helped people maintain relationships with those they loved.

End of life care plans were developed where required.

Is the service responsive?

Good ●

The service was responsive.

Each person had their own detailed care plan which was extensive, detailed and clearly reflected their preferences..

The staff worked closely with people, relatives and other professionals to recognise and respond to people's needs.

Staff made sure daily activities were tailored to meet people's preferences and abilities. Staff made sure people had opportunities to enjoy themselves.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service had exceptional leadership.

The registered manager and their senior staff offered strong and experienced leadership and had a clear vision about the direction of the service.

The registered manager was highly committed to improving people's lives and ensuring people had the best care they could receive.

The management team were very much part of the overall care team at Hannacott. They were very involved in people's care, visible and approachable.

There was a robust quality assurance system in place to ensure

people received the best possible service.

The registered manager worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives.

The registered manager had developed a strong leadership team within the service to ensure the high standards implemented were sustained in their absence.

Hannacott

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 21 March 2017. The inspection was conducted by one adult social care inspector. The previous inspection took place in July 2015; there were no breaches of regulation at that time.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with three people using the service and looked at the records of three people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with three members of staff and the registered manager of the service. We spoke with three relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People said "I have received an excellent service and couldn't have asked for more. The staff are very good". Another person said "I feel safe with all of the staff".

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Medicine Administration Records (MAR) had been used by staff to record where medicine had been administered. We looked at these and saw the administration of medicines had been recorded by staff.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of choking. Their risk assessment contained clear guidelines around this and how staff were to support them. The service had also developed a 'My Health Book'. This was a file which contained all information related to people's individual health needs. The file also detailed people's medical conditions and the risks posed to people. The registered manager told us they had developed this so that there was always a quick access guide available to staff and professionals in the case of emergencies and health appointments.

Staff told us they had access to other risk assessments in people's care records and ensured they used them. Staff had received training in assessing risks to people and felt confident in completing these.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. Staff worked on a rota basis covering the various shifts required throughout the day and night. The registered manager also told us there was an on call system to respond to emergencies and cover emergency staffing shortages.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at a sample of recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. We were shown evidence of a recent disciplinary incident and there was clear evidence this had been dealt with promptly and effectively.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Staff we spoke with told us there was an open culture and felt

confident reporting concerns to the registered manager. Staff told us all concerns were taken seriously and prompt action was always taken when concerns were identified, Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. We looked at the safeguarding records and found any issues which had arisen had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager told us cleaning was carried out by the staff throughout each shift. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean. Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People experienced a high level of care and support that promoted their health and wellbeing. The registered manager told us they used evidence from health and social care professionals involved in people's care to plan care effectively. People said their needs were met. One person said, "The staff are excellent". Another person said "The staff are very skilled". Relatives also said the service met people's needs.

People experienced a person centred approach to ensure the home was tailored to their individual needs and preferences. For example, the registered manager told us about a person with dual sensory loss who had moved to the home in 2015. The Registered Manager told us they had acknowledged some of the drawbacks of the open plan living environment in the communal areas of the house for this particular individual. The registered manager had liaised with an Aromatherapist to look at using suitable aromatherapy oils through a diffuser to produce a recognised smell which would help the person to orientate to communal areas and differentiate from their bedroom. The registered manager told us how the diffuser was used in the lounge area and was subtle but appealed to the person's strong sense of smell. During our inspection, we saw how this had been used to help this person orientate to what part of the home they were in.

Another person who had moved to the Hannacott had previously resided with their family and had a small bedroom for all of their life. The registered manager told us they their new room at Hannacott was much larger, and it quickly became evident that the person felt unsettled and uncomfortable with the additional space. The registered manager liaised with the company directors and a door was fitted to divide the room and reduce the visible space to the person. This had a significant effect on the person who indicated that this made him much more comfortable in his living environment. Other examples included how a person with a visual impairment was supported to create a textile board for their bedroom to create a sensory space, and another person had adorned her room with images and art work relating to her religious heritage.

There was evidence strong relationships had been built between the staff and people. This had led to very effective partnership working between staff and the people living at the home to enable people to become more knowledgeable about their health needs and take greater control over their health and wellbeing. The registered manager told us how staff worked closely with people to build upon people's skills and knowledge in relation to their health. The registered manager went on to tell us how staff had spent time supporting a person to gain a greater understanding of a particular aspect of their medical condition and how this impacted upon their health. The person, whilst supported by staff, used medical websites and information to develop an easy read guide about their condition. The registered manager told us this intensive support had helped the person to come to terms with their condition, understand more about the clinicians involved in their treatment and is now notably more relaxed about what to expect if and when their shunt was to malfunction again, or medical intervention was needed in the future. We spoke with this person who told us that the support from staff to had supported them to alleviate their anxieties following eight months of difficulties as a result of their medical condition. The person also told us how this increased

support from staff and the greater understanding of their condition reduced their anxieties which subdued the number of fits they were suffering.

Another example of the strong partnership work between staff and people living at the service had led to improvements in the mealtime experience. Significant work had taken place to ensure meals and the dining experience offered at Hannacott was person centred and met the needs of the people living at the home. For example, in order to gauge the experience of people at mealtimes, experience forms had been completed which were used to gather as much information as possible about people's experience of the service in order to positively impact upon their lives. The registered manager told us these forms had been completed by other service users from within the organisation. These people had attended the home with their care staff and experienced a mealtime and documented how they found the experience and how the people living at Hannacott felt. This included feedback relating to the quality of the food, the support from staff and the atmosphere at mealtimes. As a result of the feedback from these forms, the mealtime experience had been re-designed to reflect what the people living at Hannacott wanted. The people we spoke with told us mealtimes were extremely positive experiences and was one of the highlights of people's days.

We saw staff and the people living in the home working together to prepare meals and set the table. During our lunchtime observations, we found it was a relaxed atmosphere and staff supported people where required. We observed staff joking and laughing with people during lunch. The people we spoke with told us they felt the food was of good quality and there was always enough to eat.

People who had special dietary requirements had their specific needs clearly detailed in their care plans. Menus were developed on a weekly basis and people were consulted on what they would like to eat. Where people had communication difficulties, staff told us they used picture cards to support people to choose what they wanted to eat. One person told us "I can choose what I want to eat". Another person said "I have enough to eat and lots of choice".

There was evidence strong relationships had been formed with other professionals to ensure people received an effective service. For example, the registered manager told us how they were working with the local GP practice so that the people living at Hannacott received an enhanced and personalised service. This included a rolling programme of review by a designated doctor which provided people with appropriate and timely referrals as well as reassurance from a GP who knew them well and could make swift and effective changes to care and medication where necessary.

Where people required specialist mobility equipment, the relevant professionals had been consulted regarding this. We saw examples of people being involved in decision making regarding their equipment. For example, one person had been involved in working with health professionals to choose a commode. Another person who was wholly reliant on using a wheelchair to mobilise had been supported by staff to share her experiences as a wheelchair user. She had been encouraged to articulate her needs and wishes and as a consequence had received a new chair which had taken into consideration her mobility needs as well as her strong desire to be more actively involved as a member of her community. For example, staff recognised her previous chair limited her from accessing certain ATM machines to withdraw her cash and so she was reliant on staff doing this task whilst she waited next to them. Her previous chair was low and meant that she would struggle to see out of windows or reach cash desks in supermarkets. This had impacted on her ability to feel valued within the community. Staff recognised the challenges she faced and had worked in conjunction with specialist services to support this person to procure a new chair which allowed her to be a more active member of the community. The person told us this had consequently increased her independence, self-esteem and self-worth significantly. The person told us, 'I've always been an observer,

but now I get to do things myself.'

Another person had dual sensory loss and experienced difficulties around mobility following a prolonged hospital stay. Staff told us how they had observed a significant change in her mobility needs, but were clear around her behaviour patterns which indicated a desire to continue walking in a different way. Staff told us how they had worked closely with the community learning disability team physiotherapist to look at alternative walking aids, and respected the person's wish to walk again at her own pace and with different support and equipment. The registered manager told us how staff had explored various standing and walking slings with the individual and her physiotherapist to find the most appropriate equipment for them. The registered manager told us how they had identified the correct equipment to support this person with the input from the physiotherapist and the person themselves. We were told how the person now used a 'lift pants' style of swing which provided her with more prolonged support in standing without compromising her other equipment such as her PEG. The intensive support and involvement from the staff team and the physiotherapist meant that the individual was now much more confident and able to continue walking which was of huge importance to them.

This same person had difficulties with their nutritional intake when they first moved to the home and a PEG had previously been deemed as unsuitable. This had resulted in significant weight loss for the person. Once the person moved to Hannacott, staff had worked closely with relevant professionals to highlight the risks of malnutrition and it was agreed a PEG would be in the person's best interests. The registered manager told us how the person had gained weight and there had also been a reduction in the number of seizures they suffered. The registered manager told us how they worked closely with dieticians to improve this person's enjoyment of food. Through the support and teamwork from the staff, the person had increased their confidence levels and was now able to take food and drink orally and rarely used her PEG.

Where required, care records included information about any special arrangements for meal times.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt the training provided was very good and enabled them to do their job effectively. Training records showed all staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. The registered manager told us they used a mixture of face to face classroom based training as well as distance learning in the form of workbooks. The registered manager told us the distance learning was done in groups to facilitate discussion between the staff and enhance staff learning. The registered manager and staff told us specialist training would be arranged if it was required to meet the individual needs of people. For example, when one person began using a PEG, the registered manager had arranged gastrostomy clinical skills training.

Staff had completed an induction when they first started working. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager told us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed

them to enhance their personal development. The registered manager told us they would also carry out observations of staff practice to ensure staff competency was maintained. There was evidence staff received annual appraisals. An appraisal is a meeting between an employee and their manager to discuss their performance over a period of time. Appraisals are also generally used to discuss the employee's learning and developmental needs.

We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. We saw how the service had worked creatively with people to maximise capacity during mental capacity assessments. This was done through the use of pictures, photographs, videos and other objects of reference. We saw this had been clearly detailed in the capacity assessments. If people were lacking capacity and were being deprived of their liberty, the relevant DoLS applications had been made.

The registered manager told us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

Hannacott is situated close to the centre of Gloucester. The home was suitable for the people that were accommodated and where adaptations were required these were made.

Each person had their own en-suite bedroom. Each bedroom was decorated to individual preferences and the registered manager told us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

There was parking available to visitors and staff. There was a large secured garden at the back of the property which people could access if they wanted to.

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. Care staff spoke highly about the service provided. One said, "I love working here". Another said, "I am proud to be working here". People told us they would recommend the service to others.

The Registered Manager, home leader and all seniors were registered as dignity champions and told us they received regular email updates detailing up-to-date information, and consequently dignity audits were completed within the home to ensure that everyone was treated with dignity and respect. From our observations, it was evident staff treated people with understanding, kindness, respect and dignity. We observed staff providing personal care behind closed bedroom and bathroom doors, and seeking consent from people before entering their rooms.

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, one person wanted to know what activities they would be doing that day. The staff sat with this person and explained to them what had been planned for the day. People appeared happy and relaxed in the company of staff. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "very motivated" to describe the staff. All the people we spoke with told us they felt staff went over and above what was expected of them and they couldn't ask for more from the staff. People told us how staff would stay beyond the end of their shift to spend time with people to ensure their needs were met. Staff were positive about the people they supported. One member of staff said, "These people are like my family". Another person said "It means so much to make somebody smile". All of the health professionals we spoke with told us they felt there was a very strong and caring relationship between the staff and people living at Hannacott.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. A number of people who live at Hannacott were unable to communicate their needs through conversation. Staff had developed alternative methods of engaging with people to gain a comprehensive understanding of their care needs. For example, for one person with dual sensory loss, staff had worked to develop hand over hand techniques to sign on her palm and help to engage her with the world around her. Staff had worked with the community learning disability team and initially focused on key areas through repetition. As a result, the lady was now able to express her care needs without initiation from the staff and consequently she was able to exercise some control over her immediate environment. We looked at the staff guidelines which contained pictures of the various communication techniques to ensure consistency across all staff.

Another person had clear speech and language guidelines in place stating that she was unable to reliably communicate her care needs due to anxieties around making the 'wrong decision' or 'not pleasing others'.

The staff at the home had adapted 'high anxiety' meetings with professionals in order to relieve some of those anxieties. For example, the home had requested that the person met professionals in environments in which she was most comfortable. The registered manager told us how this had empowered the person to make arrangements on her terms. We were told how a recent meeting was facilitated at a local coffee shop in accordance with the person's wishes. The registered manager told us how this had enabled the person to feel more relaxed and subsequently enabled her to 'speak her mind'.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example, we saw in one person's file how the service had supported them to learn to prepare dishes that reflected their cultural heritage. The person showed us a picture album detailing how staff had helped them prepare a type of pastry dish which was specific to their cultural background. The person told us how staff had supported them to find recipes, go out into the community to buy all of the ingredients and then supported them to prepare the entire dish including the pastry and fillings. The person told us how this had been important to them as it allowed them to remain 'in touch' with their culture and also maximise their independence. The person told us this had given them the confidence to try to prepare more dishes specific to their culture.

The registered manager told us people were supported to take part in religious activities if they indicated a desire to do so. The registered manager told us how it was important to them and the staffing group to enable people to practice their religion freely. One person told us they were of a Sikh background and staff supported them to access the Sikh temple in Swindon throughout the year. The person told us this had made them feel a part of the home as they knew their beliefs were accepted and respected by others. The person went on to say it meant a lot to them to be able to practice their religious beliefs.

The registered manager told us how at Christmas time one person stated in a keyworker meeting that they wanted to do something 'nice and special' and would love to sing Christmas carols at another care home. Subsequently staff at the home worked closely with another care home and agreed for a group of people from Hannacott to visit the home to sing Christmas carols. Staff told us this event was a great success, and the person and staff stayed after the carols to share an afternoon tea prepared by the home's in-house chef. The person who requested the event told us how they felt the event had made their day better and they had done something good for others. It was evident the event had made a huge impact upon the person and they were already planning what she could do this year to make a difference to her community.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them. For example, one person's care plan detailed how they liked to be involved in various aspects of the routines at the home such as preparing meals and setting the table.

It was evident from talking with people the staff had listened to them and had worked hard to provide the level of support they required. For example, one person had limited levels of mobility but wanted to be in a position where they could see other people throughout the day. The staff told us how the staff had supported them to move to a room where they had a clear view to the garden through a large patio door. The staff told us this meant the person could have a sense of company even when alone in their room or in their bed as they could see the people who were using the garden.

We were shown evidence of one meeting with a person who previously enjoyed horse riding, but was no longer able to achieve this due to health reasons. The registered manager had worked to find alternative

options for the person to pursue their interests. They had recently established a 'miniature dogs and miniature pony day' working with a local company to support the person to have contact and be engaged with the animals again. The registered manager had worked with the same local company to develop this further, facilitating a horse and cart day in the summer so people could be enabled to ride on a cart in their wheelchair with an opportunity to build on their skills.

Another person had a very close relationship with their father and had many happy memories of holidays with their father. The father was no longer able to take his son on holiday due to his own health reasons. During one meeting with the registered manager, both father and son indicated they would like to continue to go on holiday. As a result, the registered manager and the person's keyworker had worked alongside the person and his father to set up holidays which they could take together supported by staff from Hannacott. The registered manager told us this enabled the person's wishes to be facilitated in a safe manner minimising risk to both him and his father. We saw there was a holiday scheduled for the person and his father in the summer, and will be the fourth time it had been facilitated. Previous holidays included trips Blackpool and Tenerife. The person and his father told us this had made a significant impact in maintaining their relationship and had enabled them to spend quality time together.

People and their families told us the registered manager and staff had worked hard to promote a family atmosphere within the home by involving family and friends. The registered manager told us how in recent months there had been a friends and family Christmas dinner, a 'miniature dog and pony day' and a jazz night scheduled for where people's friends, family and the local community were invited to attend. The registered manager told us they regularly held other events such as 'Hannacott Bake Off' and 'Come Dine With Me' where people were supported to compete against each other and bake cakes and cook different dishes. The registered manager explained how people were involved in the whole of the experience and were supported to choose what they would like to cook and how they would like to cook/bake. Visitors to the home, including friends and family members, were encouraged to try the various food types and share their thoughts. A winner was announced and prizes were awarded in a number of categories. We saw the winning certificates were displayed on the achievements board in the communal hallway. The registered manager told us this was done so that people and family and friends could appreciate their achievements.

The people we spoke with told us they felt these events had been 'fantastic' experiences for them as they were not always able to experience these occasions out in the community due to their physical limitations. The relatives we spoke with told us they felt these occasions had 'gone down very well' with the people living at Hannacott and had been 'massive successes'.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. For example, one person wanted to help staff with setting the table but lacked confidence. The person informed us how staff had spent time with them to build their confidence and support them to develop a level of independence in this area.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed 'there have never been any restrictions on visiting'. The registered manager told us how the service was keen to promote people's significant relationships and told us how they had supported one person to maintain a relationship with their partner who attended the same day centre. The registered manager told us how staff support this person to make contact and arrange visits in accordance with her wishes, whether they are at her home, his home or in the local community. The registered manager told us how this person had invited her partner over for a valentine's dinner, and staff supported her to cook a meal

of her choosing, decorate the home and set up their own table. This demonstrated a passion to ensure people's wider needs were met and they were being listened to.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. People and their relatives told us they had been involved in developing these plans.

Is the service responsive?

Our findings

The service was responsive to people's needs. Throughout our inspection we saw the service was person centred. This was achieved through working in partnership with the person, their families and other health care professionals.

Each person had a care plan and a procedure to record and review information. The support plans detailed individual needs and how staff were to support people. Care plans included people's likes, dislikes, their hobbies and interests. Staff said the care plans included a high level of detail to enable them to provide safe care to people. Each care file had daily notes which contained information such as what care was provided, details on people's emotional state, whether any medication had been administered, whether people had engaged in any activities and people's nutritional intake. The registered manager informed us this was very important as it meant if a different carer were to visit a person they could read the notes and be well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least monthly and more frequently if any changes to their health needs were identified. Relatives told us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us the registered manager ensured any updates to people's care files were reflected accurately in both copies of the care files. From looking at the reviews, it was evident action had been taken to respond to people's changing needs. For example, it had been identified through one person's review that there had been changes to their sleep pattern. The family and staff team worked together to look at possible causes for the change in this and implemented a range of actions, including the person's mother attending a night staff meeting with the registered manager to talk through their behaviour at Hannacott and their parent's house, . A number of changes were made which resulted in the person consistently sleeping better throughout the night and subsequently being less fatigued during the day.

People were supported on a regular basis to participate in meaningful activities. People told us activities were based on their personal preferences and included activities inside and outside of the home. People were also supported to go on holiday if they indicated a preference to do so. When looking at people's records, it was evident they had been involved in planning their activities. Relatives we spoke with told us they felt their family members led active and fulfilling lives. One relative said "They have lots to do. The staff are very good at helping them to take part in activities".

The people we spoke with indicated they were happy with the staff who supported them and felt they could raise any concerns they had. One person said "I will tell the staff if I have any concerns or will talk with the manager. There is always somebody to talk to". Another person said "They (the management) listen to me and will take action to resolve any issues quickly".

Complaints and compliments were managed well. Where complaints had been received there was evidence

these had been dealt with effectively and had resulted in positive outcomes for people. The registered manager was able to demonstrate the learning which had been gained through the complaints process. Formal feedback was also provided to the registered manager complimenting the care provided. One person stated "The standard of care at Hannacott is outstanding. The help and support we have received as a family is second to none. Thank you so much". A health professional had provided written feedback to the registered manager. They wrote "I just wanted to say how lovely it was to come out and talk with your staff X (name of person). They're so compassionate and caring; it makes a world of difference".

Staff members we spoke with informed us feedback received from people was shared with them and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

Is the service well-led?

Our findings

The service was well-led and had exceptional leadership. There was a registered manager in post who was supported by a home leader. The registered manager and home leader had both been working at the service since it opened in 2009. Throughout the inspection, it was evident the registered manager offered strong and experienced leadership and had a clear vision about the direction of the service. They were highly committed to improving people's lives and ensuring people had the best care they could receive, and expected the same high standards from the staff who were as committed to these values as the registered manager was. The management team were very much part of the overall care team at Hannacott. They were very involved in people's care, visible and approachable. Staff at Hannacott clearly understood their role and worked hard to promote a homely atmosphere in the service.

Staff spoke positively about management. The registered manager was keen to ensure staff were well supported and a high level of service was provided to people. People living at Hannacott spoke positively about the registered manager. Relatives and professionals also spoke positively about the registered manager. One relative said "The manager is a great person. They are excellent at their job". Another relative said "The manager is fantastic. They work very hard to make the home a great place to live". Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable", "Brilliant" and "Easy to work with" to describe the registered manager. One person said "The people who use the service really like the manager and that is important". This was evident on the day of the inspection. The registered manager was not available during the start of the inspection due to other commitments. However, when they arrived we saw that people were very pleased to see the registered manager and came over to greet them upon their arrival. We found the arrival of the registered manager considerably lifted what was an already positive atmosphere in the home.

The staff described the registered manager as being "hands on". We observed this during the inspection as the registered manager would regularly attend to matters of care throughout the day. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the registered manager and provider. Staff stated they felt the recognition from management of good practice helped maintain the staff morale. The registered manager told us how they would write to individual members of staff recognising exceptional practice. The registered manager told us they would also nominate exceptional members of staff for the Carer of the Year award. They also told us it was important to sustain high levels of staff morale as they felt this would have a positive impact on the support provided to people living in the home.

Quality assurance systems were in place to monitor the quality of the service provided. These consisted of a schedule of monthly audits by the registered manager. The audits looked at; health and safety, infection control, care plans, medicines and the monthly completion of a care home audit tool. In addition to these, the provider would carry out random spot checks and also an audit from an external auditor. We found these audits were carried out as scheduled and it was evident from our observations corrective action had been taken when identified. In addition to annual audits of the overall service, the registered manager also completed audits of the care files and daily notes on a regular basis to ensure information was up to date

and clear.

People and relatives were sent surveys annually to enable them to provide feedback regarding the service they received. People said they felt they were listened to. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection. The registered manager told us where people were unable to indicate their thoughts and preferences the home had designed experience sheets so as to gauge a wide-ranging overview of the people's experience of the home. The registered manager told us experience forms had also been completed by relatives to gather as much information as possible about people's experience of the service in order to positively impact upon their lives.

In addition to these, the registered manager told us they would meet regularly with people and their families to provide them with opportunities to discuss new developments in their care with senior management. People said they had found these to be positive experiences as it gave them a sense the registered manager genuinely cared about them and also gave them a chance to get to know the owner and registered manager.

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was important to as they believed the service "Could not stand still" and had to "Continually evolve to ensure excellent care was always provided". For example, the registered manager told us they attended learning exchange meetings within the county and registered managers meetings to network with other organisations and continually strive for the best possible service. In some of the learning exchange groups the registered manager had explored 'What outstanding looks like', and consequently implemented well-being support plans for people living at Hannacott which had made a positive impact upon their quality of life, particularly for people with profound and multiple disabilities. For one person in particular, this had enhanced his sense of purpose and achievement which resulted in him playing a much more active role in the running of the home as he had ownership over specific responsibilities. This person was also instrumental to the management of the 'Achievements Board' to ensure that everybody's achievements were valued and celebrated.

The registered manager told us they subscribed to updates from the Gloucestershire Safeguarding Adults Board, SCIE and Skills for Care in order to ensure their knowledge was current and best practice was achieved. As a result of learning undertaken via a newsletter the registered manager has used the 'Leadership Qualities Framework' by Skills for Care to review and reflect upon their own performance in partnership with the company directors on a regular basis. The provider is a member of the Gloucestershire Care Providers Association and the company directors actively participated in the learning disability sub-group to ensure the interests and rights of people with learning disabilities are represented fully.

As part of their open culture, the company directors had shared resources with other providers. For example, funding a solicitor to push for an increase in resources for residential care homes, and consequently protect and advocate for people's rights to ensure the best possible outcomes were achieved for people at a county wide level. This provider sub-group had been instrumental in achieving above inflationary increases for residential care homes within Gloucestershire, following many years of no increases at all. The registered manager told us how this increase in funding had enabled them to provide a better quality of life to people living at Hannacott. This was achieved through the establishment of a sensory corner in one part of the home as well as increases in activities both inside and outside of the home.

The registered manager told us how information from all of the local authority, general GCPA, and sub-

group meetings was disseminated to the staff team via staff updates and regular staff meetings. The registered manager told us this was done to continually develop the knowledge and understanding of the staff of services and issues affecting service users in Gloucestershire and subsequently provide an improved quality of life for the people living at Hannacott.

We discussed the value base of the service with the registered manager and staff. The registered manager told us how the provider's company name ASPECTS represented the vision and values of the service. These were to A: Achieve Quality, S: Support and Enable, P: Person Centred, E: Empower people, C: Choice to people, T: Transparent and an open culture and S: Skill building for people. It was evident from our conversations with staff that these values were understood and shared across the whole organisation.

Staff told us they felt there was an open and positive culture within the service. The registered manager told us how staff had been trained in the 'FISH' philosophy to support the positive culture within the service. The registered manager told us how the FISH philosophy had also been incorporated into the service's values and mission statement. The registered manager told us how they used supervisions and team meetings to regularly revisit the values of the service to ensure staff were always supporting people in a person centred and caring manner.

From our observations, it was clear the staff worked hard to provide a person centred service to people which was empowering, provided choice and was of a high quality. The registered manager and staff told us it was most important to get to know people otherwise there was no way they could provide a person centred service.

The registered manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the senior carers would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.