

Glenholme Specialist Healthcare (Northern Region) Ltd

Warwick Manor

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Warwick Manor provides care and support to people living across two 'supported living' settings, so that they can live as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support only.

Not everyone living at Warwick Manor received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of this inspection eight adults were living at the service who had a range of needs including learning disabilities, autism and mental health. Of these, six people were receiving personal care.

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

Feedback from people, relatives and professionals who worked closely with the service, was overwhelmingly positive and remarkably consistent. For example, one professional told us, 'I have every respect for all the staff I work with and total confidence in the management team'. Another added, 'The service is person centred, supporting people with meaningful activities that are of interest to them'. A tremendous amount of praise was also directed at the registered manager who was described as, 'Very engaging.' And, "Outstanding."

We (CQC) expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's rights were respected and upheld; an equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service.

Staff had the right training to keep people safe from abuse and avoidable harm. They worked with relevant professionals to ensure people's health care needs were always met.

People received individualised care and support from a team of highly motivated and experienced staff whom they had bonded with and trusted. Staff effectively and consistently supported people to increase their independence and to achieve their dreams interests and aspirations.

Distinctive leadership ensured there was a strong, visible person-centred culture, which enabled people to lead full and meaningful lives. The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people.

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

Rating at last inspection

This service was registered with us on 30 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was exceptionally caring.	Outstanding ☆
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was exceptionally well-led.	Outstanding ☆

Warwick Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Warwick Manor provides care and support to people living in two 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support only.

The service had a manager registered with the Care Quality Commission. This means that they 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

We gave a short period of notice for the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 30 September 2021 and ended on 2 November 2021. We visited the office location on 19 October 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also spoke with four professionals who work with the service and ten members of staff including: the registered manager, service manager, deputy manager and seven support workers. In addition, we received written feedback from a further six professionals and nine support workers.

We reviewed a range of records including care, medicine and financial records for six people using the service. We also looked at records relating to the management of the service. These included staff records, compliments, audits and meeting minutes; so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. They told us staff made them feel safe living at the service.
- Staff confirmed they had been trained to recognise and protect people from the risk of abuse. They all spoke confidently about how to report concerns if they needed to. One staff member told us, "I would write down what happened and inform the on-call manager. If needed, I could go higher (in the organisation) or even whistle blow. There are posters up about this." Another staff member added, 'Our services are signed up to the Bedfordshire multi agency protocol for safeguarding of vulnerable adults...I am able to identify abuse such as physical, sexual and financial. I look out for signs that might point to this and listen to any complaints made by our residents. I will bring situations to the attention of the manager, who takes time to listen and act on them'.
- Records we looked at supported this feedback and showed thorough investigations were carried out, when needed.

Assessing risk, safety monitoring and management

- Staff demonstrated a positive and enabling attitude towards management of risk, which meant people were supported to safely lead full and meaningful lives.
- Clear and personalised records provided guidance for staff to manage people's assessed risks in a consistent way. There was a strong emphasis on supporting people in a positive and proactive way which focused on their individual achievements. The service used a 'Positive Behaviour Support (PBS)' approach to help people who were distressed or expressing emotional distress. The registered manager summarised the approach as, 'The focus is not on 'fixing' (people) or on the behaviour that presents itself...PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce'.
- External professionals consistently told us staff proactively engaged with them as part of this approach. They told us staff always followed advice and guidance to reduce risk and understand the reasons for how people expressed themselves, in the most effective way possible. One professional wrote, 'A major part of what they deliver is in the way of preventative strategies. They are extremely thoughtful in the way they support the person with their needs. I have been impressed by their ability to manage changing circumstances, and their ability to recognise when people need support'.
- Three relatives echoed this feedback and described the impact of this approach on their family members. For example, people had become more independent and less reliant on them. Their self-confidence had increased too because staff involved people fully in decisions about risks, which meant they had more choice and control over their lives.

Staffing and recruitment

- Staff confirmed there were always enough staff planned to meet people's needs. One staff member said, "The service is always fully staffed and as a team we come together to cover shifts. If needed, this includes the team leader and manager." Another added, "We don't use agency. How would you feel if you were supported by a stranger?" All staff who provided feedback demonstrated their commitment to the service with motivation and passion. It was evident they worked together as a team to cover any absences, in the best interests of people using the service. A relative and a professional commented on the fact there was a very low turnover of staff too, which meant people benefited from continuity and consistency with the support they received.
- The provider carried out background checks to make sure staff were safe to work at the service, including DBS (Disclosure and Barring Service) checks. Changes were made during the inspection to improve existing recruitment processes and the detail of records maintained.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Staff confirmed they received training to administer medicines safely and their competency to do so was checked by a manager. They understood what to do if someone refused their medicines, if an error was made and when someone might require PRN (as required) medicines - for example, if they were in pain.
- Protocols had been developed to guide staff on when to administer PRN medicines. There was a strong emphasis on reducing unnecessary medicines for people, in line with relevant healthcare advice. PRN medicines were also only administered as a last resort, to help manage people's distressed behaviours.
- Medicine records demonstrated staff had been so successful in supporting one person to use alternative coping strategies when they became distressed, they had significantly reduced the amount of medication they needed to manage their anxiety. A professional told us there was a "sparkle" in the person's eyes now and said they had changed, for the better, considerably, since moving to the service.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff confirmed they maintained good hygiene, using personal protective equipment (PPE) such as aprons and gloves before providing personal care. They told us there had been regular calls from the provider to check they had enough PPE throughout the COVID-19 pandemic. They confirmed they had always had enough and had felt as safe as they could during this time. One staff member told us, 'We have received infection control training either face to face or virtually, due to Covid restrictions'.
- Staff had involved people using the service and kept them informed during the pandemic, to help them understand and manage the risks. One staff member talked about people adapting to 'Covid rules' for example by improving their hand hygiene, to keep themselves and others safe. Staff praised people and used positive language to describe their responses to the pandemic, and how their combined actions had helped to keep everyone safe.
- A professional told us, 'Their COVID visiting regulations were some of the most stringent I have come across during this pandemic and they should be commended on how they managed the situation'.

Learning lessons when things go wrong

- Staff demonstrated a genuinely open culture where feedback and lessons learnt as a result of adverse events and incidents, were highly valued and integral to improvement. One staff member said, "We are good at this. We debrief when something happens and there is a no blame approach." Another added, "We all talk about it and the whole team is involved in decision making. Everyone can make comments and have their input. We pick everything apart and come up with the solutions." This approach had resulted in staff being fully invested in the solutions they had contributed to. An example of this was how the team worked

together to adapt to the challenges they faced during the height of the COVID-19 pandemic. This ensured there was always adequate staffing, alternative transport options and different activities organised; to help manage people's frustrations when their normal routines had been restricted.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs, choices and preferences were assessed prior to them using the service. People and those who mattered to them, were fully included as part of this process.
- Relatives and staff told us a lot of thought went into planning for new people to move into the service and the process was not rushed. A professional wrote, 'I have been thoroughly impressed by the standard of care that I have seen be given to the people they support. The staff there really get to know the people they support, and this is evidenced from the very beginning in getting to know the person before they move. The staff are mindful of the individuals needs and adapt their approach accordingly'.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around the individual needs of people using the service. Everyone told us staff had the right training and skills to carry out their roles. A professional commented on how staff had grown in confidence and skills whilst working at the service. They commented on the low turnover of staff and how this had resulted in consistency of learning and development for the staff team, and ultimately the care and support provided to people using the service. They added staff were always receptive to training, even willing to do this on their day off.
- Staff spoke positively about their induction and ongoing training, to support them in carrying out their roles. They told us they were able to request training where there was an identified need, and this would always be supported.
- Staff confirmed they felt supported by their line managers and received ongoing guidance and direction through the provision of information, working alongside the management team, meetings and individual supervision sessions. Staff told us the management team were encouraging and supportive in terms of career progression too; to enable them to be the best they could be and in turn provide the best possible support for people using the service.

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

- People told us they were fully involved in decisions about what they ate and drank. Staff supported people individually with menu planning, shopping and preparing meals, as required.
- One person told us they had decided to follow a particular diet. Staff were providing additional guidance with this, to ensure they were eating a balanced diet with the correct nutrition. Another person told us staff had supported them with choosing more healthy options by cooking meals from scratch and buying less takeaways.
- Staff sought relevant professional advice to manage identified risks for people with complex needs in relation to eating and drinking.

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

- Staff empowered people to make choices about their health and how it should be monitored and managed. Despite the challenges raised by the COVID-19 pandemic, there was comprehensive evidence that people had been fully supported to access routine and specialist health care checks and appointments. Many appointments were attended virtually through video calls, but staff had also gone to lengths of having a respirator mask fitted to enable them to support someone with a face to face appointment in a hospital.
- Staff recognised the importance of proactive therapeutic approaches to help improve people's quality of life. Professionals told us staff worked collaboratively with them to deliver effective care and support to people. One professional told us, "Staff provide very positive support to help people access therapeutic reviews virtually. They never miss a session and they join sessions at the end with people's consent, to get feedback and always take agreed actions forward." They went on to say, "They don't just think about people's mental health, they also think about physical health and how this impacts on mental health. For example, during the height of the pandemic they were promoting exercise for people." This approach had been so successful for one person their therapy sessions had now concluded. A relative echoed this feedback too.
- People were able to provide clear information about their recent health checks and appointments, showing they had been fully involved and had a good understanding about the outcomes of those appointments and the next steps.
- People had been supported to get their COVID-19 vaccinations. Where people lacked capacity to decide whether or not to have the vaccinations, staff had taken time to provide information in a way they understood. They also worked with relatives and professionals to make decisions in people's best interests.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

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 that people's capacity to make their own decisions was being assessed and applications had also been made to the CoP, as required.
- Staff spoke confidently about the MCA and understood the importance of people making their own decisions as far as possible. A staff member told us, 'If someone refuses support, we know they have the right to decline. We ensure they are not in harm and allow them to have space. Support is available for them when THEY want it without taking away their independence'. People told us staff consistently sought their consent and confirmed they felt fully in control in terms of making their own decisions.
- With COVID-19 restrictions lifting and people now going out more frequently, changes were planned to enhance existing MCA processes to demonstrate people's consent to paying costs such as food and drink. In the case of people who could not consent, arrangements had been made to discuss this with relatives and make decisions in their best interests. This would protect people whilst enabling them to access and enjoy activities of their choosing. A professional spoke about additional checks they made to ensure people's best

interests were fully protected. They complimented the staff team for the records they maintained in order to safeguard people's financial interests.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception everyone told us there was a strong, visible person-centred culture at the service. We received an overwhelming amount of positive feedback about the staff team who were described as highly motivated; providing people using the service with exceptionally compassionate and kind care and support. Throughout the inspection, staff demonstrated real empathy and understanding for people and each other. One relative described the staff team as, "They are like a third person (another parent) in a great support package." They told us staff had "refreshing attitudes," and how they supported them as a family too. They added, "We are very grateful and fortunate." Another relative described the service as, "A happy environment which provides people with their safe, secure place... I can't stop singing their praises."
- Staff showed genuine concern for people's wellbeing. For example, a number of initiatives were introduced during the national COVID-19 lockdown, to help people cope with changes to their normal routines and manage their anxieties. One professional told us, 'The staff are very caring and there is a sense of community within the home. One example to give context, during lockdown, the provider took initiative to develop a X Factor style competition day, in which the residents participated and enjoyed a lot! It was a lovely example of how staff are able to think outside the box to meet challenges head on and keeping their resident's quality of life in the centre of what they do'. Other people told us the management team would come in at weekends to cook food for everyone and staff organised 'lockdown parties', in line with COVID-19 guidance. Photographs showed people thoroughly enjoying themselves. A staff member said, "We are proud of what we do, and we care. It is good seeing people out and about enjoying themselves." Another staff member told us the provider enabled them to support people to live their best lives. They said, 'We are supported to help people to lead fulfilled lives. The company cares about people and there is such good management'.
- Staff used lots of praise and positive reinforcement, which helped people feel good about themselves. Through trust and a consistent approach, they helped people to overcome significant barriers and ultimately to have more control over their lives. An example of this was a video showing someone singing and giggling with staff, clearly relaxed and enjoying themselves. Up until recently this person had chosen not to speak out loud. A staff member told us how they had achieved this, "We get to know people individually, understand their preferred routines and breakdown communication barriers." It was evident from conversations with people this approach extended to everyone using the service, with a strong focus on equality and embracing people's differences.

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

- Staff consistently involved people in making their own decisions, at their own pace. They always made

sure people had the right information to support them to make decisions. An example included arranging for one person to meet with a healthcare professional when they were unsure about taking medication; to discuss their concerns and receive specialist advice. A relative told us, "[Name of person] is supported incredibly well in terms of being given choice and making their own decisions."

- Relatives told us staff kept them informed and involved them in decision making too, when appropriate. One relative said, "They go over and above." Staff commented on the positive relationships they had developed with people's families too. It was evident they worked in partnership with relatives in the best interests of people.
- Staffing was arranged to ensure people received their care and support in a compassionate and personal way. Staff had time to get to know people and to encourage them to try out new experiences. One example was someone who had their room decorated in stages; so they felt comfortable with accepting the change. They had previously kept their room quite plain, but staff reported the person had been delighted with the end result. The same person had been supported to use headphones, so they could enjoy listening to their music without disturbing other people using the service. Photographs showed they were content and relaxed using the headphones. A relative told us staff understood the importance of giving people space and making progress at their own speed. They said their family member had gradually begun to participate more in group activities as a result, due to the skilful approach of staff.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy, dignity and independence was at the heart of the service's culture and values. Staff treated people with sensitivity and ensured they felt respected and listened to in terms of their individual preferences and protected characteristics. One staff member described how they did this, 'By talking with the clients with respect and being friendly. This encourages them to share their concerns freely; due to trusting staff'. Both people we spoke with told us this was the best place they had ever lived. Both had achieved things they had not previously thought possible. It was evident from observing interactions that people trusted staff, and staff were completely respectful and supportive of people's lifestyle choices.
- People confirmed staff went the extra mile to meet their needs in relation to protected equality characteristics. An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Through observation and conversation, it was clear staff were extremely mindful and highly alert to protecting people's dignity and managing their emotional distress.
- People told us they could be, and were, involved in deciding who provided their care and support. Compatibility and trust were key reasons for this.
- There was a strong focus on building and maintaining open and honest relationships with people and their families. One example was a listening device which had been introduced to protect someone's private space. Staff had taken appropriate action to ensure this was done in a way that complied with Data Protection and Human Rights laws. The person's relative told us they had also been fully involved in this decision and were supportive of the way it had been done.
- Staff were highly skilled in helping people to be as independent as they wanted to be. They supported people to develop or learn new skills, such as household chores, shopping and cooking. They were creative in how they helped people to succeed in these tasks too and alleviate any anxieties. For example, they found one person could not focus on their food shopping until they had purchased a certain item, so they ensured this item was purchased first, and then continued with the main shopping task. Two professionals commented on the aspirations staff had for people, so they could be as independent as they wanted to be. They told us staff were always looking ahead and planning for the future. One told us, "On behalf of people, they (staff) are not just settling for this service to be the permanent solution, where people are capable of making even more progress."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received high-quality, personalised and consistent care and support. The provider had introduced an electronic recording system which had been programmed to prompt staff to carry out tasks for people at specific times. This enabled them to provide highly individual and personalised support to each person.
- People and their families were fully involved in their care and support planning. They consistently told us they felt included, listened to and valued. A staff member added, "The support plans are organic and change depending on the clients' needs. As a result of this, they are constantly being updated." All the records we looked at had been created recently.
- Professionals unanimously told us staff focused on providing person-centred care and support, with exceptional results. One professional told us, '(Person) often speaks fondly of their relationship with the staff and they have been invaluable in building their life skills, independence and confidence'.

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

- The service enriched people's lives by supporting them to access a variety of stimulating and engaging activities that truly reflected their individual interests. Staff spoke about the difficulties people had experienced due to COVID-19 and how this had restricted their normal routines, activities and contact with loved ones. However, everyone told us staff had creatively supported people to adapt to alternative activities; designed to support with coping with the changes and an emphasis on fun and learning everyday skills. For example, using worksheets to help someone's literacy skills, playing monopoly to enhance money skills and learning new life skills such as using the self-checkout at the supermarket or a cash machine. Other people had enjoyed making edible play dough and sand, and another person had requested to sit in on an online training session for staff and reported afterwards they had enjoyed the session and felt they had really learnt something.
- People told us that lockdown had provided opportunities for them to get to know other people using the service, and they had developed new friendships. They talked about the fun themed garden parties arranged by staff; so people could come together safely for food, dancing and games. We heard too about people meeting up for a natter and hot chocolate outside, as neighbours might do. Staff and relatives confirmed compatibility was a significant consideration when new people moved into the service, which contributed to a happier living experience for everyone.
- Staff ensured people's journeys and achievements were recorded and shared with their relatives through photographs and newsletters, so they could see their family members were happy and fulfilled, despite the challenges presented by the pandemic.
- People had enjoyed a wide range of trips and outings once lockdown restrictions had reduced. Staff enabled people to fulfil their individual dreams and aspirations. One person had been supported to visit

Harry Potter World and said they would remember the trip for the rest of their life. Another person had been to watch a boxing match in London, with an overnight hotel stay. This was a huge achievement for the person, and it was clear from speaking with them how proud they were, and how the experience had boosted their confidence and self-belief.

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 carers.

- The service had taken innovative steps to meet people's information and communication needs, and staff used a variety of different ways to ensure people were given information in a meaningful way.
- Detailed communication passports provided clear information for staff on each person's preferred method of communication.
- We saw some bespoke information that had been developed for one person, to show them what their new home would look like, room by room, before they visited. This had been produced in a photographic format they were able to understand. Staff had also developed themed notice boards which were on display in communal areas of the service. These provided important information in accessible formats about people's rights and what they should expect from the service. For example, regarding safeguarding and the Mental Capacity Act. One relative told us, "Things are explained in a way that (person) understands. Examples include information about Covid rules and needing to have visits in the garden. This was fully understood." We noted people had been fully prepared for our inspection too, as they were able to speak clearly about the process and knew what to expect.

Improving care quality in response to complaints or concerns

- Without exception, everyone knew who to speak with if they had any concerns or worries, although they were quick to state they had no concerns at the current time.
- Everyone was confident they would be listened to if they needed to raise a concern. One relative told us this had happened in the past and confirmed their concern had been dealt with swiftly, in an open and transparent manner. They said, "They (staff) listen, nothing is hidden." Another relative added, "They make you feel welcome to discuss any issues and are open to suggestions." We noted that feedback from the inspection was received positively too. There was a real appetite to learn from the experience and to drive continuous improvement across the service.

End of life care and support

- Staff confirmed there was no one currently using the service who was in receipt of end of life care. However, arrangements could be made to ensure people at the end of their life received dignified and comfortable care. To assist with this, people's end of life wishes, and preferences had been discussed and recorded, where they were happy to share this information. Prompts within people's care records ensured the option for other people to discuss their wishes could be revisited, for example through routine review meetings. The new records system also contained a specific end of life support plan that could be populated, should the need ever arise.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Overwhelmingly and without exception, everyone who provided feedback told us the way the service was led was exceptional and distinctive. One professional told us, 'I think the leadership within the home is excellent, and manager [Name of registered manager] sets a great example for the staff'. Staff echoed this feedback in droves. One example was, 'I can truly say that Warwick Manor is the best-run house I have ever worked at. This is due in part to the support of my colleagues and the confidence I have in the excellent management team'. Other people told us the management team were highly visible and always approachable. A professional told us about the registered manager, "She doesn't manage from the office, she interacts with people and staff directly."
- There was a strong organisational commitment towards ensuring that there was equality and inclusion across the workforce. As a result, staff were strongly collaborative, dedicated, motivated and proud of the work they did. They consistently told us they felt listened to, supported, and how they worked together to provide the best service for people. It was striking from the feedback we received how much staff cared about people using the service and one another. It was evident they had been inspired by the leadership of the service and were united in their vision to provide people with high quality, person centred care. One staff member described the staff team as, "We are like a jigsaw puzzle...It's like a family, we support each other. The manager is amazing...they believe people are unique and tries to bring out their strengths even when they are struggling."
- The registered manager demonstrated they were supportive and proactive. One example was an email they had sent to the local Mayor on behalf of the staff team earlier on in the COVID-19 pandemic, to request support for staff to access COVID-19 tests. This was at a time when staff working in supported living services had not yet been included in a routine testing regime. We also saw the registered manager had written a dedication to the staff team in a newsletter published by the provider, which highlighted their commitment to people using the service.

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

- Relatives were very confident that if something went wrong, they would be fully informed and involved. Two relatives spoke about incidents that had happened in the past and both were highly satisfied with how these had been dealt with and resolved. It was evident there was a 'no blame' culture at the service and everyone worked openly and transparently in order to learn lessons and drive continuous improvement.

- The registered manager kept up to date with current guidance and legislation in a number of ways, to ensure their legal responsibilities were understood and met. Our records showed this was happening and people unanimously had a great deal of confidence in the registered manager's abilities. One professional told us, 'It has been a pleasure to work with this home, and I recommend them.' A member of staff described the registered manager as, "Thorough, professional, consistent and caring. Like a unicorn; rare and hard to find." Another added, 'I have described Warwick Manor as a "House of Healing". This is because I have seen a marked improvement in the lives of all the clients under the (registered manager's) roof'.

Continuous learning and improving care; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to check the quality of service, to identify potential concerns and areas for improvement. A variety of audits and checks were being carried out and there was a strong focus on reflection and continuous learning at all levels of the organisation. Evidence folders had been set up to demonstrate compliance with the regulations and areas we (CQC) look at during our inspections. These contained a wealth of information such as stories, compliments and evidence of good practice which had had a direct and positive impact on people using the service. The management team also produced weekly reports which contained comprehensive and detailed information about the day to day management of the service. These reflected a strong focus on people's lived experience at the service. Photographs were used to demonstrate people's involvement and the support they received. Staff consistently used positive language when writing or speaking about people. They were genuinely proud of people's achievements and it was evident people had made real progress over time.

- Success and innovation were recognised and encouraged with staff too. Staff spoke about several ways the provider rewarded the high quality of care they provided including award ceremonies, financial incentives and even gifts and treats which were sent for the staff team during the height of the COVID-19 pandemic, to show the provider's appreciation for them. The provider held a ceremony the day after our visit where three staff received awards recognising their hard work and dedication, including the registered manager. One of the people living at the service had been asked to be a judge and to present an award, which they told us they were proud to do. A relative said they had also had the opportunity to get involved by nominating a staff member for an award, who they described as being, "Full of life and exuberance." They added, "The Glenholme (the provider) model works, and shows what can be done."

- There were consistently high levels of constructive engagement with people and staff. Feedback and constructive challenge were welcomed and seen as a vital way to drive improvement. Relatives and professionals told us they would be happy to recommend the service to others. They felt included and their contributions valued.

- Staff told us there were regular opportunities for them to interact with the management team too. They all said they were able to access support and to discuss any concerns they might have. One staff member told us, 'I am very confident to report any concerns to my manager considering she is very supportive and friendly and professional. She has a very good listening ear thus making it easy to approach and speak with her'. Another added, 'If I made any suggestions or raised issues, I feel that they would be listened to and acted upon...I have never worked in an environment where each and every person really cares and gives 100%. The caring and positive atmosphere just breeds and flourishes'.

- Satisfaction surveys were also used to capture people's feedback. Analysis of results showed good response levels with high levels of satisfaction. Action was taken in response to feedback. An example was the results of staff feedback from November 2020. Staff had requested more communication with Glenholme senior staff. By the time of this inspection staff told us they had now had regular contact with senior staff within the organisation who, "even remembered their names." In addition, a new 'Town Hall' initiative had been set up to enable the provider to meet virtually with staff and discuss topics of interest and importance. For example, the topic for the next meeting was COVID-19 vaccines and included input

from a health care professional. This demonstrated that the provider valued the staff team, as they had listened and acted on their feedback.

- The provider also confirmed changes were planned to enhance the governance systems further, in response to feedback from our inspection, which had been met with interest and enthusiasm.

Working in partnership with others

- A range of different professionals confirmed staff from the service were transparent, collaborative and open. They told us staff consistently worked in partnership with them to ensure people received a high-quality service based on good practice and people's informed preferences. One professional told us, 'I have no concerns regarding the level of care and support that Glenholme provide at this establishment. [Names of management team] keep me well informed... They keep me up to date on activities that the residents are doing and provide photos of the residents, which adds a personal dimension to the support that I provide'. Another added, "It is one of the best services in terms of involving external people and providing the best service for people... The passion [Name of registered manager] has is really hard to find."