

HF Trust Limited

# HF Trust - The Elms

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 26 February and 5 March 2018. The first day of the inspection was unannounced.

The last inspection took place in October 2015 and the service was rated 'Good' overall and in each individual domain. At this inspection we found the service had maintained its overall rating of 'Good'.

HF Trust – The Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

HF Trust – The Elms accommodates up to eight people in one adapted building. The building is located in Dore on the outskirts of Sheffield.

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

The service had two registered managers in place. One of these was in day to day control of the service and the other was a senior manager within the provider group. Throughout this report, the manager in day to day control will be identified as the registered manager and the senior manager as the operations manager. 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.

We found an extremely caring service. Without exception, people receiving support and their relatives spoke positively about the staff that supported them. Staff knew people very well and had developed very strong relationships with them. Care and support was focused on each individual and maximising their care experience. Staff were extremely dedicated in ensuring people were kept happy, occupied and lived fulfilling lives. The service was dedicated to increasing people's independence and confidence to help them achieve their goals.

People said they felt safe and secure living in the home. Systems were in place to protect people from harm and staff understood how these operated. People received their medicines as prescribed and appropriate records were kept. When things went wrong, investigations were undertaken and the service learnt from adverse events to improve its safety.

There were enough staff deployed to ensure people received prompt care and support when they needed it.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. Staff received training which was appropriate to their role. This was tailored to the individual needs of the people they were supporting.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service involved people in decision making to the maximum extent possible and where people lacked capacity, best interest decisions were made.

The service worked effectively with a range of health professionals to help ensure good care outcomes. Care plans were detailed and demonstrated people's needs had been assessed. People and relatives told us the care provided met people's individual needs.

There was a clear, visible person centred culture within the home. People knew the staff and management very well and spoke highly of them. Staff said morale was good and they felt well supported. Governance systems were operated by the management team to ensure risks were monitored and improvements were continuously made.

People's views and opinions were valued and sought through a variety of mechanisms. These were used to make improvements to plans of care and how the service was run.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Outstanding ☆

The service was very caring.

Without exception staff treated people with kindness, compassion and friendliness. People receiving support, their relatives and health professionals spoke very highly of staff and exceptionally strong relationships had developed between them.

Staff demonstrated a dedication to ensure people lived as fulfilling lives as possible. Staff were dedicated to increasing people's independence and confidence. This approach had achieved positive outcomes for people.

People's views and opinions were very important to the service and were used to improve people's care and support plans.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# HF Trust - The Elms

## Detailed findings

### Background to this inspection

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

The inspection took place on 26 February and 5 March 2018 and the first day of the inspection was unannounced. On the first day of the inspection the inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had experience of services for people with learning disabilities. On the second day of the inspection the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We reviewed the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service, six of their relatives, the registered manager, the operations manager, the regional manager and five support workers. We looked at three care records of people who used the service, three staff recruitment files, training records, medicines records and other records relating to the day to day running of the service. We also spoke with three health and social care professionals who work with the service.

## Is the service safe?

### Our findings

Systems and processes were in place to protect people from abuse. People said they felt safe and secure living in the home. One person said, "I do feel safe living here. I've been here a long time and I love it." Another person said, "The staff treat us all well, I feel comfortable and safe living here." A relative told us, "We feel [relative] is absolutely safe here yes, we do. Another relative said, "Yes I feel that my relative is safe. The staff are great. I have no problems in that area at all."

Staff told us they were confident people were safe living in the home. They understood how to identify and report any safeguarding concerns. We saw safeguarding procedures had been followed to keep people safe, this included reporting incidents to the local authority and putting management plans in place to protect people from harm. Various mechanisms were in place for people and staff to raise concerns, for example safeguarding was discussed at house meetings, people's reviews, staff supervision and staff meetings. The provider had undertaken a nationwide safeguarding review and the findings had been used to further improve the safety of the service. Findings were presented in an easy read format to help engage with people who used the service. Following the review, staff had received enhanced safeguarding training and case studies were being used at staff meetings to embed staff knowledge around the principles of safeguarding. This helped keep people safe.

The service effectively assessed and managed risks to people's health and safety. Staff and management had a very good understanding of each individual and how to support them safely. This provided us with assurance that safe care was provided. Risk assessments were in place which covered areas of identified harm. For example, the service used a screening tool to establish whether people were at risk of choking. If risks were identified, a speech and language therapy assessment was requested and a plan of care created to help keep them safe. Risks associated with other areas, such as going out into the community and behaviours that challenge had also been assessed and care plans were in place which were subject to regular review. We saw a positive approach to risk taking to ensure people were still able to undertake their desired activities and achieve their goals. The service helped people push boundaries and improve their confidence through breaking down goals into small steps. This enabled them to continually assess the risk and adjust plans of care to ensure they remained safe.

The registered manager had a good understanding of restraint and restrictive practices. The use of any restrictive practices was clearly assessed and only used once other options had been explored and discounted. It was clear from speaking with staff and reviewing records that the service focused on ensuring the least restrictive options were used.

The premises was safely managed and suitable for its intended purpose. The home was clean and tidy, although décor was worn in a few areas. We saw plans were in place to update some areas of the building, including the carpets in the hallway. Key safety checks took place to help keep the building in a safe condition which included to the gas, electric, water and fire systems. A fire risk assessment had been carried out and personal evacuation plans were in place for each resident stating the support they needed to evacuate in the event of a fire. People were involved in discussions about fire evacuation to help ensure

they understood what to do in an emergency situation.

There were enough staff deployed to ensure people's support needs were met. People told us staff were always around should they need assistance. People said staffing levels meant they were kept safe and able to do the activities they wanted to do. We observed life in the home and saw there were staff available to assist people when they needed it. Staff said staffing levels were always maintained at a safe level and people always got their allocated one to one hours to enable them to undertake their preferred activities and daily regimes.

Safe recruitment procedures were in place and we saw evidence they were followed. New staff were required to complete an application form, undertake a competency based interview, prove their identity, provide references and undertake a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Staff received a range of training and support and were taught about the values of the company in the early stages of their employment.

Medicines were safely managed and people received their medicines as prescribed. Medicines were given by trained support workers whose competency to give medicines safely was regularly assessed. Where medicine errors had occurred, we saw these had been investigated to reduce the likelihood of a re-occurrence and help improve the safety of the service. Each person's ability to self-medicate was assessed, which included an assessment of their capacity to understand and manage their medicines. Each person had a clear medicine profile and risk assessment in place stating the support they needed, the medicines they took and common side effects. Medicine Administration Records (MAR) were in place and were accurately completed indicating people received their medicines as prescribed. Stock checks on medicines were done daily to ensure all medicines remained accounted for. Some people were prescribed "as required" medicines to reduce distress and anxiety. We saw the administration of these was supported by robust protocols to ensure safe and appropriate use. For example one person was prescribed a sedative. A protocol was in place which instructed staff to try to reduce distress through non-medicinal means with the medicine given as the last resort. This helped ensure people were not overmedicated.

Incidents and accidents were recorded and investigated to help establish any causes and triggers. We saw following incidents measures were put in place to reduce the likelihood of a re-occurrence, this included updating risk assessments and if specialist input was required, involving healthcare professionals. We saw action was taken when things went wrong. For example following a series of medicine errors, the service had concluded the layout of the medicine room was not conducive to safe working environment and now a more spacious and orderly medicine room was provided with fewer errors experienced.

## Is the service effective?

### Our findings

People's care needs were assessed in a range of areas to help ensure effective outcomes. Care plans were detailed with internal and external specialist support utilised to help ensure care plans were of good quality and adhered to best practice guidance. People receiving support and their relatives said staff were competent and had the right skills to care for them. One relative said "The staff are brilliant. Any questions that we have, they answer them. We have full confidence in the team's abilities." Another relative said "The staff do seem well trained to me." On the day of the inspection, staff demonstrated skills to meet each person's individual needs.

Staff received a range of training and support relevant to their role. Staff said training was excellent and they were able to access any additional training they required. A senior staff member told us they were being supported to complete further qualifications in health and social care to aid their development as a manager. A health professional told us the service always ensured a good turnout of staff when they provided training. New staff received a full induction to the service and its ways of working. New staff without qualifications in health and social care were required to complete the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Staff received regular training updates in a timely manner to ensure training was kept up-to-date. Training was tailored to the needs of the service in delivering care for people with learning disabilities. For example, staff received positive behaviour support and training in learning disabilities. Bespoke training had been provided to help ensure people's individual needs were met. For example, following a person's diagnosis of dementia, a workshop on dementia had been held with staff focused solely on the care of that individual. This helped ensure staff had the skills to meet people's changing needs. Staff received regular supervision, appraisal and observations of their care and support practice. Supervisions and appraisals provide staff with regular meetings with their manager to discuss developmental needs and review their performance. Staff told us they felt well supported by the management team.

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 make 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 in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The service was acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The service had assessed the restrictions placed upon each person and made Deprivation of Liberty Safeguards (DoLS) assessments for all eight people who lived in the home due to



people's lack of capacity and the level of supervision and control the service had over people's lives. At the time of the inspection two people had an authorised DoLS in place with the others awaiting assessment by the supervisory body. One of these had conditions attached, although the DoLS paperwork only arrived on the day of the inspection, therefore the service had not yet had chance to ensure the conditions were met.

People's capacity to make decisions for themselves was assessed and clear and detailed capacity assessments were put in place. Pictorial aids and quizzes were used to help assess people's understanding and involve them in decision making to the maximum extent possible. For example, it had been identified that some people did not understand their medicines so an assessment was done to formally gauge their understanding and to establish the support each person needed. We saw people were asked to consent before care and support interventions were provided.

People spoke positively about the food in the home. One person said, "The food is nice here, I love my food. I like crisps and all sorts of food really." A relative said, "I've always found the food there to be of good quality and our relative has certainly benefitted from being well fed and looked after properly down the years."

We saw people had choices as to the food which they ate, and menu's varied each day. People were encouraged and supported to maintain good nutrition and hydration and assisted in food preparation where they were able. Where people had specific nutritional needs, plans of care were put in place to ensure these needs were met. For example, one person required a specialist protein free diet and a separate menu was created which all staff were aware of. Nutritional care plans were in place which guided staff on people's specific needs.

The service worked in partnership with a range of health professionals to ensure people's healthcare needs were met. For example, the service had supported people to obtain a formal diagnosis for dementia and provided support to people and their families around this. This included working closely with healthcare professionals to ensure they were provided with the right level of emotional support. Where people displayed behaviours that challenge we saw specialist input had been provided from behavioural specialists. The service worked with other agencies to secure increased funding for people when it was identified they needed it.

Staff and the management had a good understanding of people's healthcare needs and were able to tell us in detail about the involvement of external health professionals. Each person had a health action plan in place. A health action plan is a document which supports people with learning disabilities to stay healthy, detailing the support they need from a variety of professionals. We saw these were kept up-to-date by management and demonstrated that people's healthcare needs were monitored in a range of areas. People with learning disabilities should have an annual health check to help improve health outcomes. We saw the service worked with the local GP practice to ensure these were undertaken. To ensure effective transfer of information between services, communication and hospital passports had been developed. These were sent to hospital should a person be admitted to give staff information on how to meet their needs. The service supported people to attend hospital and other appointments and arranged staffing so people were able to consistently attend these.

The service had adapted the premises to meet people's individual needs. There were suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy for example during family visits. A great deal of thought had gone into ensuring people's bedrooms were appropriate to their individual needs. For example, a new bedroom had been created downstairs as a person's mobility had decreased and it was deemed the safest place for them to live.

## Is the service caring?

### Our findings

We found an exceptionally caring service. People receiving support, their relatives and health professionals said without exception that staff and the management were extremely caring. One person said, "I love the staff. I get on with everyone. I enjoy living here and I'm friends with everyone." A relative said, "It's a good staff team. We go regularly and always unannounced, as we don't know where we are going to be. It's always how we find it, they don't put on special airs and graces and it gives us confidence that it's the same when we are not there." Another relative told us, "The staff go to the ends of the earth to help our daughter. They are all really caring and we feel confident in their abilities." A third relative said "Staff are all lovely, they are in very good hands." A fourth relative said "I think it's marvellous, [person] has never been as happy as they are here."

Health professionals also spoke very positively about the caring nature of the service. A health professional told us "The staff team is stable/long serving, giving them knowledge and relationships with the clients they care for." Another professional said, "From my observations the team are very committed and caring towards the service users."

We saw staff had developed exceptionally strong relationships with people and were dedicated to ensuring people lived fulfilling lives. For example, we saw one person wanted to go on a train holiday. In order to achieve this, staff had spent time practicing getting on and off the train with the person several times before the holiday to ensure the holiday could take place with minimal risk and distress to the person. Another person who used the service was in hospital. It was clear staff and other service users missed the person's presence in the home. A staff member said, "Staff take it in turns to visit [person]." They told us, "The other service users are upset because it's a very close house." We heard both staff and other people asking about the person's condition during the inspection. The manager regularly visited the person in hospital and regularly called them on the telephone to ensure they had someone to talk to and because staff and people were so close. The manager had fought to ensure the person had 1-1 support hours from staff whilst in hospital, to reduce their distress and anxiety. This demonstrated a very caring service. Staff celebrated people and their achievements. For example, one service user had recently got a job and staff were clearly proud of the person and how they had managed to achieve this. One staff member said of the relationships in the home, "We are the best of friends."

Many of the staff had worked at the service for several years and knew people very well. One relative said, "They know [person] inside out, and work effectively so activities are well planned and the person doesn't worry." They said their relative had "Come on leaps and bounds" since being in the home. During the inspection we saw a friendly and inclusive atmosphere with staff regularly engaging in conversation with people. People looked comfortable and relaxed in the company of staff smiling and laughing with them. It was clear that people and staff knew each other very well. For example, staff knew in detail about people's daily routines, their likes, dislikes, how to reduce distress and make them happy. Care records demonstrated that detailed information on people's likes dislikes and personal histories had been obtained and recorded to aid in the better understanding of people.

Staff were matched with people's interests and personalities. For example, one person enjoyed watching their local football team. They were matched with a staff member who also liked football. The staff member worked very flexibly to ensure they could support the person to attend games which took place at a variety of times in evenings and weekends. Other staff worked flexibly to help ensure people were able to maximise the benefit from their contracted one to one hours. There was a clear focus on planning staffing around people's needs and preferences.

We saw the service had used person centred approaches to help people who use the service deal with family loss and grief. We were told about two examples which were both very person centred and demonstrated a high level of support had gone into supporting the people including attending funerals and grave sites. This demonstrated staff were very caring and compassionate. The service worked very effectively to ensure people maintained good relationships with their families. Visitors were welcome at any time. Following a person's diagnosis with a health condition, the person's key worker had worked hard with the person and their family to arrange weekly meetings between the person and their family to ensure close relationships could be maintained. This had resulted in the successful setting up of a weekly family get together and demonstrated the service recognised the importance of maintaining relationships.

The service supported people to maintain and develop their independence. For example, people were supported to access the community to build confidence and undertaken employment. Specialist equipment such as adapted cutlery and coloured plates had been provided to people to help maintain independence during mealtimes. People took an active role in maintaining cleanliness within the home. For example, we saw one person helping out with cleaning the bathrooms and people were encouraged to assist in meal preparation. Staff worked hard with people to overcome phobias and distress to help increase their independence. This was done through setting and achieving small goals to achieve bigger ones over time. For example, we saw staff had used this approach to help one person's overcome a fear of using stairs which had restricted their ability to leave the home. This had been successful and meant the person could now access a wider range of places in the community as well as now enjoying an upstairs bedroom. The person's relative confirmed staff had been excellent in supporting them with this. Through a multi-disciplinary approach another person had been helped to increase their mobility, exceeding the expectations of the health professionals involved.

Staff and management had a good understanding of people's individual communication techniques and how to apply these with each person. For example they were able to confidently describe the body language one person expressed when they needed the toilet. During the inspection we saw staff communicating effectively and appropriately with people. Information was presented in an accessible format, for example easy read risk assessments and policies were in place to promote understanding.

The service worked very effectively at helping people to express their views and be involved in decision making. There were various mechanisms for people to air their voices. This included annual person centred reviews, home meetings and a provider wide "Our Voice" meeting where representatives from the service attended to discuss how the service operated. Minutes were written up in easy read format and given to people so they knew the decisions that had been made. People were involved in discussions about how to safely evacuate in the event of a fire, and discussions over their capacity to understand their medicine support arrangements through fun quizzes. Outcomes from risk assessments and care plans were communicated to people in an easy read format to promote understanding. Due to safety concerns as a result of a person's reduced mobility, staff had recommended a person moved bedrooms to the ground floor. The person was fully involved in the decision making process with pictures used to help explain the risks and benefits of moving rooms. This helped them to agree to move rooms whilst minimising distress and anxiety.

On a daily basis, we saw people were able to choose to do what they wanted each day with a very person centred approach adopted by staff. During the inspection we saw staff have friendly discussions with people about what they wanted to do that day. Relatives said they felt involved and were kept up-to-date with any changes. One relative said, "The Elms do keep us involved in her care. We have no complaints at all about staff care. They keep us up to date with her wellbeing and any issues."

People said they were treated with dignity and their privacy respected. One person said, "I feel I get the privacy and dignity from staff. If I want a quiet moment, I will just tell them I'm going to my room for an hour and not to disturb me." We saw staff knocked on doors before entering and had regard for people's privacy, for example supporting people to close doors when they were using the toilet.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. Staff and management gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability. We saw reasonable adjustments had been made to meet people's diverse needs.

## Is the service responsive?

### Our findings

People receiving support and relatives said that care needs were met by the service. One relative said, "Our relative hasn't been happier anywhere else that he stayed before The Elms. Staff are understanding, caring and respectful of his needs." Relatives said that communication with the home was good and they were always informed if there were any changes in their relatives' needs or condition.

People's appearance was clean and tidy. Each person we observed had clean hair and nails, their clothes were in good condition and they generally looked well cared for. This indicated people's personal care needs were met by the service.

Care was person centred and reflected people's individual needs and preferences. Each person had a detailed set of care plans in place. These demonstrated their needs had been assessed in a range of areas including personal care, behaviour, emotional support, activities and any religious needs. Detailed guidance was recorded on how staff should support people effectively. Care plans focused on involving people to the maximum extent possible in decision making, relating to their care and support. Staff had a good understanding of people's required support plans giving us assurance they were followed.

Care plans were subject to regular reviews, and people and their relatives were invited to an annual review meeting where their care and support needs were discussed and goals and objectives set for the following year. The service helped people to achieve goals. We saw one person had a job and another had just been supported to get one. This helped build confidence, independence and life skills. Goals were discussed during team meetings and people's review meetings. Whilst we saw people had goals in place, documentation did not robustly show that progress in achieving these was regularly evaluated. For example although key worker meetings were completed monthly, these did not provide a person centred insight into the person and progress in achieving their goals.

Shift handovers took place between shifts to ensure key information on people's needs was passed to each new shift of staff. We observed one handover and saw each person was talked about, how they had been that day and what they had done. This helped ensure care was adaptable and responsive to people's changing needs. Health professionals spoke positively about the responsiveness of the service. One person said, "My experience of working into the Elms has been very positive. [Manager] has been proactive in thinking ahead for adults with learning disabilities with dementia e.g. planning for a downstairs bedroom. We saw positive outcomes had been experienced by people, through the service working with other agencies to improve people's mobility and independence.

The service had utilised technology to help meet people's needs. For example, one person had a bed sensor installed following a best interest assessment to keep them safe. The provider employed a personalised technology assessor which meant the service had access to expertise in utilising technology to improve people's care and support experiences.

We looked at what the service was doing to meet the Accessible Information Standard. We saw people's

communication needs were assessed and plans of care put in place to help staff meet these. Easy read documentation was well used by the service, and was used to make risk assessments, care plans, policies and the complaints procedure more accessible to people. During the inspection we saw staff using appropriate person centred techniques to communicate effectively with people.

People had access to a good range of activities and maintained good strong links with the local community. People told us they had enough to do and said they undertook many activities every week. One person said, "I've just got back from swimming. I enjoy the exercise and I like to go, its gets me out and keeps me active, I did fifty lengths today." Another person said, "I go shopping and I like to go out for walks. I go on holidays too. I went to Grassington last year." A relative said, "She's never in! We phone three times a week and sometimes she's at the Disco, which is great, because we wouldn't want her to miss out on anything, just to speak to us. They are always doing things from the home and she does live a very full life."

This was confirmed by records we reviewed and staff we spoke with. On both days of the inspection we saw most people left the building during the days to attend activities. The service worked with other organisations who ran activities to ensure people regularly attended these projects and events to give people meaningful activity, and develop friendships with people who used other services.

Staff told us staffing levels were maintained so people had access to their activities and where contracted one to one support hours. We saw the service helped people to access funding to achieve more one to one time where it was deemed in their best interests to reduce distress or behaviours that challenge. People were supported to plan and go on annual holidays. We saw a holiday in 2017 had taken place to North Yorkshire and previously people had been abroad.

The service worked with people receiving support and their families to assess people's end of life needs and preferences. We looked at care plans and saw information was recorded to help staff meet any wishes or preferences in this area.

People told us they were happy with the service but that if they had a concern or complaint they were able to go to the manager. A relative said, "We've no complaints, well nothing radical. We go regularly and they are easy to talk to so if anything is concerning us we can discuss it." A complaints policy was in place which was available to people who use the service. People were regularly given opportunities to complain and raise issues. We saw one verbal complaint had been received in the last year. Records showed the details had been fully recorded and it had been responded to with measures put in place to improve the situation.

## Is the service well-led?

### Our findings

People receiving support and relatives all spoke positively about the service and said high quality care and support was provided. Comments included: "I like the management and all the Staff. I love living here," "Can't fault this place, its lovely," "We've never ever thought that [relative] isn't okay here," "I think it's a very good home indeed. The conditions, the site, and the staff are all excellent" and "The atmosphere always seems relaxed and there never seem to be any pressures or tension. I can't fault the place, its a stressful job that they do, but they do it very well."

People spoke positively about the management of the service. One person said, "The manager is nice. She is always there for a chat if I want one." A relative said, "Yes, we know the manager, she always organises visits and they keep in touch with us if our daughter has any health problems or has to go to the doctors. She is very approachable and we can ask her anything." Another relative said, "I know who the manager is and they are very approachable. Overall, it's a very good, caring place." A third relative said, "[Registered manager]. She's very approachable and we are pleased that our relative lives in such a nice atmosphere."

Health professionals also spoke positively about leadership in the service. One professional said "My experience of working into the Elms has been very positive. [Registered Manager] is a good manager who leads her team well. Another professional said "My views on the Elms are positive. The manager is proactive and involved/knowledgeable regarding the clients."

We found a friendly and inclusive atmosphere within the home with care and support focused on ensuring people had positive care experiences. The atmosphere was warm and encouraging and the staff team worked well together in ensuring people received personalised care and support. . There was good communication between staff and people who used the service and the relationships seemed warm and genuine. Staff reported good morale and there was a clear dedication to ensure people were happy and content. A staff member said of the staff team and people who use the service "Almost like a family, we are all best of friends." Another staff member said, "Love working here, everyone seems so happy."

Systems were in place to assess, monitor and improve the service. Regular checks were undertaken by the registered manager. These included checks of people's care and support records to ensure they were relevant and met people's individual needs. Audits in other areas such as the premises, infection control and medicines took place. The operations manager also completed bi-monthly audits of care and support plans, health and safety, finance, and medicines so they could be assured how the service was operating. Any actions arising from these were sent to the registered manager for review. We saw the service had received a quality assurance visit from the local authority in November 2017 which had concluded no actions were required and the service was a high performing organisation.

We saw the service was committed to continuous improvement. Management meetings were held where areas for improvement were discussed. For example following news articles on care failings, we saw discussions had been held between managers to help ensure similar incidents did not occur within the service. The service attended training sessions run by other organisations to help improve knowledge and

ensure they worked to best practice. The provider employed specialists in areas such as behavioural management, fire, learning and development and assistive technology to ensure specialist skills were available to the registered manager should they need. This helped ensure the service worked to best practice. Due to the high regard the local authority had for the service and its expertise, we saw the management team had been asked to provide guidance and training to a local nursing home. This was to share learning and expertise resulting from the positive way they had managed a person who used the service's health condition.

People were supported to voice their opinions and were involved in the running of the service. For example, representatives for the service attended a regional meeting held by the provider. This gave people who used the service a say in how the provider operated for example the events that it organised and activities provided. Minutes from these meetings were provided to people who used the service in an accessible format to promote understanding. House meetings were also held which gave people a say in what went on within the home. On an individual basis people had annual review meetings, where their goals and aspirations were discussed. Quality surveys had also been sent to people who used the service and relatives. We saw where negative comments had been received, action had been taken to address this. This demonstrated people were provided people various mechanisms to change how care and support was delivered.