

Nutley Hall

Nutley Hall

Inspection report

Nutley
Uckfield
East Sussex
TN22 3NJ
Tel: 01825 712696

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Nutley Hall on 24 February and 4 March 2015. Nutley Hall provides accommodation and support for up to 33 people. Accommodation is provided from six individual houses, each with its own identity. Two houses are contained within the main building and the four remaining houses are located within the extensive grounds. Nutley Hall refers to itself as a 'living and working community' and as such some staff live on site. The service, although not a school, adheres to the general rhythm and routines of the academic calendar. Some people chose to visit their relatives during the holiday periods.

The age range of people living at Nutley Hall is 24 – 85. The service provides care and support to people living with a range of learning disabilities and a variety of longer term healthcare needs. Several people have been living at Nutley Hall for over thirty years. There were 33 people living at the service on the day of our inspection. The home is located in a rural setting and has built good links within local community.

We last inspected Nutley Hall on 2 July 2014. We found the provider was not meeting all the regulations we inspected against. People were not protected against risks associated with medicines. There was a lack of

Summary of findings

appropriate employment checks and a lack of accurate and appropriate records. The provider submitted an action plan which stated all the required improvements would be made by February 2015.

A registered manager was 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 and associated Regulations about how the service is run.

People were happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place.

It was clear staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and care plans developed. People consistently received the care they

required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

The service had good links with the local community. Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Nutley Hall. The registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

Summary of findings

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good



Is the service effective?

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Good



Is the service caring?

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Good



Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

Good



Nutley Hall

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.

We inspected the service on the 24 February and 4 March 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of learning disability residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. We looked in detail at care plans and examined records which related to the running of the service. We looked at seven care plans and four staff files, all staff training records and quality assurance documentation to support our findings. We looked at records that related to

how the home was managed. We also ‘pathway tracked’ people living at Nutley Hall. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at areas of the community, including workshops, people’s bedrooms, bathrooms, lounges and dining areas. During our inspection we spoke with 12 people who live at Nutley Hall, one visitor, 11 care staff, the home’s cook, one administrator and the registered manager. We also spoke with two health care professionals who visit the home.

We reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker and a community practice nurse. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

During our inspection in July 2014 we found concerns with management of medicines, staff recruitment and record keeping which made the service unsafe. The provider sent us an action plan stating how they would meet the requirements of the regulations by December 2014. We found that the required improvements had been made.

People told us they enjoyed living at Nutley Hall and that they felt safe. People were clear on their individual daily routines and moved freely around the campus community. One person told us, "I know which workshop I am doing this morning and a staff member will be waiting for me there." The workshops consist of activities for people to take part in, such as weaving, woodwork and baking. Risk assessments were in place for individual workshops; these clearly identified the hazards associated with the activities undertaken. These were supported by individual risk assessments for each person who took part in that activity. People were supported in their workshops by staff who were experienced in the skill or activity. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "We know people's capabilities and adapt tasks so as they are safe but can be as involved as much as they choose to be." Further risk assessments within people's care plans covered all aspects of daily life, for example some younger people enjoyed visiting the local village shop and this had been included within their risk assessments. Information had been reviewed and updated to reflect people's changing needs.

Blank template accidents and incidents record forms were held in workshops and individual houses. Following an accident or incident the completed forms were passed to the registered manager to review. This was a new approach to collating this information, however all staff were aware of the process for reporting. The registered manager told us, "This ensures I have oversight of all accidents and incidents within the community." We reviewed the records and saw actions had been taken as a result and a clear follow up process was evident. Staff meeting minutes identified that incidents and accidents were discussed to ascertain what learning could be taken from incidents. For example, in one of the workshops a piece of equipment had been moved. This had resulted in a person sustaining an injury. This incident was discussed and staff identified

that the injury was likely to have been as a result of disorientation. Staff agreed that repositioning equipment needed to be introduced gradually and additional support provided to this person in the future if changes were made.

People told us they felt safe and were happy with their living environment. Arrangements were in place to check the environment to ensure it was safe. We saw regular health and safety audits were conducted by the registered manager. Latest records showed areas of concern had been identified by the registered manager and followed up. For example a fridge within one of the houses had food left uncovered. Action was evident and a follow up 'spot check' had taken place. The service had a detailed rolling maintenance plan for the period April 2015 to March 2016. It identified when a task was scheduled, who was responsible and the estimated cost. Nutley Hall employed a fulltime maintenance staff member who undertook routine repairs as well as contributing to the wider maintenance plan. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left, if something is broken we report it and it gets quickly fixed or replaced." Staff and records confirmed that regular weekly and monthly checks were also carried out for environmental safety such as hot water checks and fire alarm testing.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. For example the staff who worked within the different workshops possessed the technical skills to oversee their activities. One relative told us, "The staff numbers are very good, never a concern." The registered manager told us that people's dependency levels were reviewed as part of their care plan and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were 'on call' during the night. If required the registered manager would attend incidents that occurred during the night. A recent incident report confirmed the 'on call' system worked effectively. A person had become anxious and injured themselves, the night staff had followed the home's procedure and the registered manager was called and attended to assist with the incident. People and staff said that they felt the home was sufficiently staffed. The service ensured adequate numbers of first aiders were on site at all times to be able to respond to potential incidents.

Is the service safe?

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through. Volunteers who were non-UK residents were subject to the same robust recruitment procedures.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all care staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion.

Medicines were managed from people's individual houses. Each person had their own medicine profile. The profiles provided a clear overview of people's medicine history and the rationale for their current medicines. There was

information available for staff on the potential side effects of medicines. Medicines were supplied by a local pharmacy and stored safely in each house. We saw that homeopathic medicines were correctly recorded on the medication administration record charts (MAR) and signed for by staff when administered. We observed the lunch time medicines being administered in three houses. The care staff administered the medicines and they checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. We looked at a sample of MAR charts and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured medicines were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel very confident in assisting people with their medication, the training and support is very good." We received positive feedback from a visiting nurse providing support for one person. They said, "If I make any drug changes they are very clear that they are unable to administer these until the GP has supplied new MAR charts."

Is the service effective?

Our findings

People told us they enjoyed living at Nutley Hall. One told us, “I love living here, everyone is very nice, and our helpers are the best.” Staff had the skills and confidence to carry out their roles effectively. One staff member told us, “By living and working together so closely as a community we know the residents very well.” Staffing comprised of volunteers and permanent employees. Volunteers were referred to as co-workers. Co-workers generally remained at Nutley Hall for a period of 12 months. On arrival they underwent a bespoke induction to ensure they were prepared for their roles. One co-worker told us, “We were given time to get to know the residents and the community routines, I shadowed more experienced staff for two weeks.” The registered manager told us, “All the co-workers are pre-selected for their suitability to work with us prior to their arrival.” Nutley Hall had a network of professional organisations that they liaised with to assist with their selection. Co-workers completed mandatory training in areas such as medicine and safeguarding. They had regular probationary meetings in their first few months to ensure they were suitable. The registered manager said, “It adds so much to the community to have them here, really refreshing for all the staff, new ideas and energy.”

Fulltime employees completed an induction and received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, and infection control. They also ‘shadowed’ experienced members of staff until they were competent to work unsupervised. One staff member told us, “The types of people recruited have already had extensive experience in care so the time shadowing really allows the residents’ time to get to know you.” The service provided training that was relevant to the needs of people living at Nutley Hall, for example in behaviour that challenges, effective communication and homely remedies. We saw that staff applied their training whilst delivering care and support. We saw that staff assisted and addressed people in a respectful manner and were aware of people’s potential anxiety triggers. We observed that people who required additional time to respond to questions were afforded this by staff. One staff member told us, “I like that I can see the relevance of training here, knowing it will add value.”

The service had systems in place to provide permanent staff with supervision on a rolling six to eight week cycle.

One staff member told us, “It is a chance to reflect on what has gone on and look at ways things can be done better.” All permanent staff had an annual appraisal, this drew together information from supervisions and had input from other colleagues. All staff told us they felt supported in their roles.

People were supported to maintain good health. Care records identified that regular routine appointments were scheduled with a wide range of health care professional such as opticians and dentists. The staff were proactive with regard to people’s health care needs. One staff member told us, “Living in such close proximity you notice very quickly if something isn’t quite right.” We received positive feedback from two health care professional in regular contact with Nutley Hall. One told us, “Very impressed how the staff ring for advice and guidance at the first sign of any concern.” One person who had diabetes had very clear guidance for staff on how to effectively manage their condition. An annual check at a specialist diabetic centre was evident along with liaison with a district nurse when staff identified anomalies. One staff member told us, “The ethos, where appropriate, is to try to limit people’s reliance on medication by managing their health holistically.”

Staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were procedures in place to access professional assistance, should an assessment of capacity be required. There was clear evidence that people had mental capacity assessment when appropriate and these were regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and, where appointed, enduring power of attorneys consulted. During the inspection we heard staff ask people for their consent and agreement to support.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals for three people that required DoLS with the appropriate managing authorities. Staff demonstrated they were clear on the parameters of each individual DoLS application. The majority of staff had

Is the service effective?

underdone recent MCA and DoLS training. One staff member said, “The training was useful, gave practical guidance and made me think about how we do things, I would speak to the manager if I was not sure.”

People told us they liked the food at Nutley Hall. Meal times took place in people’s individual houses. Breakfast and the evening meal were prepared within the houses. The lunch time meal was prepared by the cook in the large kitchen located in the main building. Meals were then taken to the houses by people and or staff. The majority of food was sourced from local producers. The cook told us, “Wherever possible we ensure our food is organic, good quality ingredients can make a difference to health.” Meals were planned a week ahead and were based around people’s

preferences. One person told us, “The food is nice, it’s pizza today.” The main kitchen was clean and well organised and had systems in place to ensure daily checks such as fridge temperatures were recorded.

We observed the lunch mealtime in four of the houses. Staff and people sat and ate together in relaxed and friendly atmospheres. There was a strong community ethos evident and people chatted and listened to each other. When appropriate people’s food and fluid intake was recorded if people refused, declined or did not eat any meals. People’s body weights were recorded regularly; this information was used by staff as one indicator of identifying changes in health.

Is the service caring?

Our findings

People told us they felt Nutley Hall was a caring place to live. One person said, “Everyone is lovely here, I love living at Nutley Hall.” We observed kind compassionate interactions between staff and people living at the home. We saw there was a strong bond and rapport which was underpinned by the staff’s knowledge and understanding of people’s needs. Where people had difficulty communicating verbally staff recognised facial expressions, gestures and sounds as well as changes in demeanour. This helped them know how each person felt and whether they were happy or distressed for any reason. Staff told us they had known the people at the home for many years, in most cases, and knew them as individuals with differing and specific care needs. We saw communication was seen as a priority to supporting people. We saw references in care files to individual ways that people communicated and made their needs known. For example we saw one person on the threshold of a workshop, initially reluctant to join in. Staff patiently encouraged participation and used various strategies to engage them.

During the inspection we saw staff supporting people in a timely, dignified and respectful way. People did not have to wait if they required support as staff were available. We saw positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. An example of the warmth of staff support was seen at the residents meeting when one person was very keen to show off a product they had created in a workshop. Staff displayed genuine interest and delight. The feeling of wellbeing this caused in the person was clearly evident. One staff member told us, “One of the reasons I wanted to be at work here is because of the time you are encouraged to spend with residents.”

Staff had a good understanding of dignity and how this was embedded within their daily interactions with people. One staff member told us, “I find the key element is knowing someone well, knowing when they may need support and when you can promote their independence.” We observed people in workshops undertaking tasks which were challenging and had risk attached to them. The registered

manager said, “We carefully risk assess, we employ knowledgeable staff and support people to take risks; this is how development and personal fulfilment can take place.”

People had choice and control over how they spent their time. One person told us, “I change my workshops when I want to.” Another said, “I have got my room the way I like it.” Attending the many communal events was voluntary however they were popular. One staff member said, “I have never met such sociable people, they love being with each other.” People’s likes and preferences were documented in their care plans. One person had a key to their own room and their wishes for additional independence in how they chose to live had been accommodated.

Birthday celebrations were a significant event at Nutley Hall and people were actively encouraged to celebrate. One staff member said, “Birthdays are always a special event and we try hard to make sure they reflect how the residents want to celebrate.” A daily morning community gathering provided an opportunity for people to sing and acknowledge people’s special events. One person’s birthday celebration fell on the day of our inspection, the person appeared very happy.

A central caring philosophy of Nutley Hall centred on it being a ‘home for life’. The registered manager said, “We want people to know this is their home, as long as they choose to live here we will do all we can to accommodate this.” The service had an ‘aging policy’ which mentioned the phrase ‘Home for Life.’ Due to the deterioration of one person’s health in recent months their care needs had significantly increased. The additional support measures put in place had ensured they were able to remain at Nutley Hall. A specialist nurse who regularly visits told us, “They have been so caring with their dealings with this person, I have been very impressed”.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people’s confidentiality. Staff had a good understanding of privacy and confidentiality. Visitors were welcomed during our inspection. A relative told us they could visit at any time and were always made to feel welcome. They said, “I enjoy coming for meals, always so sociable.”

Is the service responsive?

Our findings

A relative we spoke with said they felt fully involved in the care of their family member. They told us that they visited regularly and were updated with any changes or issues that might affect care. People's care plans clearly identified their needs and reflected their individual preferences for all aspects of daily living. Care documentation contained detailed personal profiles and family history. One staff member told us, "I found the care plans really helpful when I started to get an understanding of background." Care plans demonstrated assessment of people's individual needs and identified how these could be met. Areas included mobility, emotional needs and personal hygiene. One care plan identified a particular diet recommended to a person to assist them with reducing their behaviour of concern. Their behaviour was monitored and staff noted that their 'happy moments' had lessened. A joint decision was made to return them to their normal diet, but additional strategies put in place to help effectively manage the behaviour. This demonstrated that people's choices and welfare were responded to positively.

Nutley Hall provided numerous opportunities for people to take part in a wide range of daily activities. These were referred to as workshops. These included, baking, weaving, candle making, woodcraft and gardening. The workshop facilities were well resourced and professionally managed. People chose which activity they wanted to participate in. We saw people engaged with their activity within the chosen workshops. One person told us, "I really enjoy making things." People showed pride in the products they had made; at a community meeting people were encouraged to show the products they had made with everyone. People moved around the campus site independently as and when workshop sessions finished. People were able to change which workshop they worked within or opt out if they did not want to participate. Staff demonstrated good knowledge of people and used strategies to combat people's individual anxieties. For example one person was seen on the periphery of a workshop and staff were able to provide a detailed summary of the reasons associated with this behaviour.

People had been supported to become involved in other activities that interested them within the local community. One person had a work placement on a local farm and another volunteering at an animal sanctuary. The service

had an area where chickens were looked after. One person told us, "I love going to see the chickens and seeing the eggs." The workshops provided opportunities for people to interact with the outside community. We saw members of the public arriving to buy bread from the bakery workshop. The registered manager told us, "It is a good way for us to keep links with the local community." One staff member told us, "This is this most fulfilling environment for people I have worked in."

Regular weekly trips were arranged which afforded interaction with the local and wider community. These trips were chosen by people in their individual houses. Staff liaised with each other around logistics and these trips were a popular weekly event. One person told us, "We are going bowling later, it will be fun." The registered manager told us, "There is always one big trip a year when the whole community go somewhere together; this is decided through resident meetings."

Individual houses had their own unique feel and rhythm. Some houses were set up to support people with higher dependency requirements. It was evident through care plans and talking to people there was movement between the houses when people required more or less support. This was done in consultation with people. The registered manager told us, "By supporting and reviewing it is often possible for people to live more independently." People were seen to be actively involved in all aspects of the running of the home; from answering phones and relaying messages, assisting with office administration, collecting food, preparing and clearing dining tables and washing up. One staff member told us, "It can be amazing watching someone's confidence grow."

During our inspection the registered manager was facilitating the pre-assessment process connected to a new person joining Nutley Hall. The person had recently visited Nutley Hall for an extended trial. We attended a staff meeting where a section of the meeting was allocated to discuss in depth how this trial had gone. All staff who had contact with this person during their visit provided a detail assessment of their observations. This included how this person had interacted with all people living at Nutley Hall and the potential impact if they moved into the service. The discussion was thorough and explored this person's history and their potential care and support needs in detail. This process ensured the service was able to meet people's individual needs whilst considering the impact on other

Is the service responsive?

people. The registered manager said, “A new resident can be exciting however can present challenges to the community that we need to consider and reflect on, these discussions help inform our decision.” The prospective new person was unable to communicate verbally so the service had sought feedback from this person’s current carer and relative to determine how the person felt the visit had gone. The registered manager said, “The feedback from their mother and current carer was positive.”

Records showed comments and complaints were monitored and acted upon. Complaints had been managed and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was displayed in easy read format in numerous locations around the service. One person told us, “If I was unhappy I would talk to a staff member.” Another said, “I would talk about it in a meeting.”

A relatives’ satisfaction questionnaire had recently been circulated and the registered manager was beginning to

collate the responses. Feedback was positive; respondents had identified the service as good or excellent. The registered manager told us, “As the forms come in I have been addressing any issues identified, when completed I can further analyse for themes.” For example, a parent had identified they would welcome further support for their relative at Nutley Hall to communicate with them via email. Support and additional encouragement from staff had been put in place to facilitate this.

Resident meetings were held weekly. People were encouraged by staff to share any comments they wished to raise. We saw that more than 80 percent of people chose to contribute to the meeting. Minutes were recorded and actions points where appropriate were seen to be actioned. One staff member said, “They (the meetings) provide a safe environment where everyone can have their say and identify things that are important to them.”

Is the service well-led?

Our findings

The registered manager knew each person well. One person said, “We see them every day.” Staff were positive and spoke highly of the registered manager and their leadership. One told us, “I know I could approach them about anything and they would make time for me.” Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, “I would speak to my house co-ordinator if I had a concern but I know I could always go to the manager.”

The service had clear vision and values; these ran through all the homes policies and procedures. Staff were very clear on the vision and philosophy that underpinned the service. One told us, “I had heard such good things about here, I knew this where I wanted to work.” A relative told us that there was a real ‘sense of purpose’ to everyone living at Nutley Hall. People were involved in influencing the day to day running of the service. For example, people were involved in showing potential new staff around the campus. One staff member said, “The feedback we gather influences the recruitment process.”

Staff meetings were held weekly. Staff who were unable to attend were able to access meeting minutes via the home’s secure digital network. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Staff commented that they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. For example, a staff member had provided an update on a person appearing more tired than usual. This was supported by other staff members and a GP appointment was made. Following blood tests a medical intervention was put in place. The meeting we attended saw staff from different areas of the service updating each other on the key themes arising in their areas. There were also smaller staff meetings held within individual houses which addressed the issues specifically about the running of that house and the people who lived there. One staff member said, “The communication here is very good, lots of chances to share our views.”

Quality assurance systems were in place to monitor the running of the home and the effectiveness of systems in place. The registered manager told us, “I have oversight of all areas of the home.” Audits were in place for a wide range

of areas, these included medicines, care plans and health and safety. The registered manager kept a ‘quality assurance log’ which drew together key themes related to the running of the service. It identified when routine and significant events had occurred and included qualitative comments which were designed to drive improvement. For example when an activity had been a success or would require reviewing for the future. We saw this document was used to inform staff and trustee meetings. The registered manager said, “Introducing the log has helped me with identifying where things have worked well or need revisiting.”

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that the registered manager would support them to do this in line with the policy. We looked at a recent incident report and saw it clearly identified what actions had been taken and how staff had been briefed. For example, a meeting with the person’s family had been scheduled to discuss potential triggers and additional health screening tests had been booked. All appropriate external agencies had been made aware of the incident.

The registered manager was accountable to the board of trustees. The trustees met bimonthly. The services ‘development plan’ was designed and progress reviewed at these meetings. The registered manager said “The board are very supportive but challenge in a positive way.” The registered manager had also recently set up a reciprocal arrangement with the registered manager of another local service to share best practice and ideas. The registered manager told us, “We can discuss issues which affect our homes and draw on each other’s experiences on how we can improve.” This meant the registered manager had established a professional support network outside of the home’s governing body.

Nutley Hall had community links in place to ensure people could remain involved with and contribute to life outside Nutley. There were large scale annual events such as a summer garden party, a sponsored walk and a Christmas play. People were also involved in work at a local farm, visits to a riding school and assisting with the maintenance of a private road that local residents used. One person told us, “I enjoy going to the social club in the village.”