Valley House in the Vineyard Limited

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Inspection report

Valley House
Elham Valley Vineyard Breach
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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

Summary of findings

Overall summary

About the service
Valley House in the Vineyard Limited is a residential home providing personal care for up to eight people living with learning disabilities. At the time of the inspection eight people were living there, most of whom had been there for several years.

Valley House is in a rural area and is set within the grounds of a vineyard. The home has two floors with bedrooms on each floor and communal areas on the ground floor. It has a garden and an outside area that is shared with the vineyard that people can use.

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

People's experience of using the service and what we found
People, their relatives and professionals told us people were safe and our observations confirmed this. Staff knew people well and understood individual care and support needs. Staff understood the importance of safeguarding and were able to tell us what they would do if they had concerns about a person's wellbeing. Risk assessments were in place and specific to people's needs. Staff were recruited safely and people living at the service took part in the interview process. There were always enough staff on duty to meet people's needs. The induction process was robust. Few medicines were used at the home but those that were, were ordered, stored, provided and disposed of safely.

People were supported to have control and to have choice in all aspects of their lives. Staff supported people in the least restrictive way and in their best interests. Staff received regular, relevant training and were able to select some courses that they felt would help them meet the needs of people. This included mental capacity and safeguarding training. People's nutritional needs were met, and people were supported to receive support from health and social care professionals when required.

Staff were caring and understanding towards people. People's privacy, dignity and independence were respected and promoted. People's differences under the Equalities Act 2000 were explored, documented and respected.

Support for people was person-centred and focussed on individual's needs. Care plans were reviewed with people, their relatives and professionals. People had routines inside and outside of the home. A comprehensive range of activities was available to people and strong links had been established with the local community. Although no complaints had been received, there was a complaints policy and people and

their relatives knew how to raise concerns.

The registered manager and deputy manager were both well thought of by people, relatives and professionals. The deputy manager was present at the inspection and we saw people speaking with him and responding to him in a positive way. Staff were positive about the managers and the home. One staff member said, "I want to stay here until I retire. I've worked in care all my life. This is like home from home." Audit processes were in place and feedback was sought from people, staff, relatives and professionals.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and the potential drivers for improvement.

As part of this thematic review, we carried out a survey with the deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The home did not use any restraint measures.

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

Rating at the last inspection
The last rating for this service was good. (Published 26 January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Valley House in the Vineyard Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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
Valley House in the Vineyard Limited is a 'care home.' People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 safe care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at the home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 eight people who used the service. We spoke with four members of staff including the deputy manager, two senior care workers and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including two people's care plans and several medication records. We looked at staff files in relation to recruitment and supervision and a variety of records relating to the management of the service for example, policies, procedures and audit processes. We pathway tracked two people. This is where we check that the records for people match the support they receive from the service.

After the inspection
We continued to seek clarification from the deputy manager to validate the evidence found. We spoke to the registered manager who was on leave at the time of the inspection itself. We spoke with two relatives and two professionals who have regular contact with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.
Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse and harm. This was because staff knew people well and had a good understanding of individual care and support needs as well as risks.
● People told us that they felt safe and were looked after. A person said, "The staff are good and look after us." We saw a person wanting to go out and ride their bicycle being advised not to because the driveway was wet and slippery and it was raining. The person went out later in the day when it was drier.
● We spoke to a relative who said, "I definitely feel he is safe, he's been there 10 years and we've never had any issues." A professional said, "They are always with people, looking after them all of the time."
● Staff understood safeguarding and were able to describe to us different scenarios that would amount to a concern. They were then able to tell us the course of action they would take on discovering a safeguarding issue. A staff member said, "It's important that people's rights are protected. I'd report issues direct to the manager or to CQC or the local authority if I had to."
● Another staff member told us, "I may speak to the staff member if I saw abuse. I'd always report it to the manager or even the police if it was serious."
● The home had a whistleblowing policy that staff were able to tell us about. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management
● Care plans contained risk assessments relevant to the person. We saw evidence of risk assessments being reviewed regularly according to people's needs. For example, a person had a recent diagnosis of a health condition and this was reflected in their risk assessments. The reviews involved the person, staff and relatives.
● Risk assessments had an 'outcome' section which were contingencies for staff to follow if needed. People at the home could go out, most of them unaccompanied. A risk assessment reviewed people's understanding of potential issues that could arise and how they would respond.
● Some people could become anxious and display behaviours that challenged. Care plans reflected positive behaviour support required and contained details of a person's history, family and the journey they had taken before moving to the home. This detail helped contribute to people's current care and support needs. An example included a person who became anxious if their routine was changed. Staff would respond by clearly explaining to the person what was happening and the reason why any change was necessary.
● Fire safety checks had been completed and fire drills and evacuations practised. Fire extinguishers and smoke alarms were in place throughout the home. Staff had received training in fire safety.
● Personal emergency evacuation plans (PEEPs) were in place and were updated if people's support needs changed. PEEPs gave detail of the physical and emotional support people would require in an emergency.

● Evidence was seen of regular safety checks being carried out on electricity, gas and plumbing fittings. We saw a maintenance book that contained details of regular checks on all appliances and systems and a section containing maintenance actions which had dates of work completed.

Staffing and recruitment

● Staff had been recruited safely. Checks had been completed before staff could start working at the home including: references, employment history and Disclosure and Baring Service (DBS). DBS checks made sure potential staff had no previous convictions or cautions that would prevent them from being employed at the home.

● People were involved in the interview process for new staff. Potential new members of staff would meet all the people living at the home and they were given an opportunity to ask questions. A staff member said, "They asked me all sorts of things about my family and where I worked before."

● A minimum of two members of staff were on duty during the day and one at night. Staffing levels were enough to meet the safety and care and support needs of people. We were shown staffing rotas confirming that all shifts were covered for the following month. The home had never had to use agency staff. The registered manager or deputy were not included in the number of carers working with people on shift. However, they were used as additional support to people and with tasks around the home.

Using medicines safely

● Medicines were audited daily, weekly and monthly. Robust systems were in place for the safe ordering, storage, dispensing and disposal of medicine. Medicine administration records (MAR), were seen during the inspection and clearly showed the date, time, and quantity of medicines given, as well as the staff member who had given them.

● There had never been any medicine errors or medicine refused by people. Very few medicines were in use at the home and the deputy manager was aware of and adhered to the 'STOMP' campaign. This initiative looks to review the use of unnecessary medicines and prevent over medicating to people with a learning disability, autism or both.

● 'As and when required' (PRN) medicines and homely remedies (products that can be purchased at a pharmacy), were subject to a separate protocol but recorded on the MAR charts. People were able to communicate verbally with staff and tell them if they felt unwell.

● All staff had been trained in how to give medicines safely. A staff member said, "All the medicines here are prescribed and recorded on the MAR. It's a useful point of reference but I'd always seek advice if someone seemed to be uncomfortable."

Preventing and controlling infection

● The home was clean, tidy and free from any trip or other obvious hazards throughout. Staff had received training in food hygiene and infection control and knew how to prevent the spread of infection. Personal protection equipment (PPE), gloves and aprons, were available and used when required.

● People managed their own personal care each day with only occasional prompts required by staff. A professional told us, "Everyone is always clean, tidy and really well looked after." A staff member said, "They have a rota for cleaning their clothes. I'll offer to help them shave sometimes but it's up to them if they want to or not."

● The deputy manager told us that they ran taps and flushed toilets every day when people were away to guard against legionella's disease. We were shown certificates confirming the regular testing of water supplies throughout the home.

Learning lessons when things go wrong

● Separate folders were kept for accidents and incidents involving people and those involving staff. Very few

had been recorded but those that had, had been investigated fully and outcomes recorded. An 'out of character' folder was kept to record minor incidents.

● Most people attended a day centre four days a week called the Fifth Trust. Any accidents or incidents that involve people while attending the day centre were recorded by them and, if appropriate, a body map was completed. This ensured that staff at the home were fully aware of what had happened. Copies of all documents were placed in people's care plans.

● The deputy manager told us about how they ensured all staff familiarised themselves with changes to care plans and risk assessments. They had introduced a page in the care plans which must be signed by staff when they have read updates. This can then be audited by managers.

● Accidents and incidents were too infrequent to draw any conclusions about trends or patterns. However, the registered manager had good oversight of incidents and advised if any patterns were found, they would take further action.

Good

Is the service effective?

Our findings

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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 had lived at the home for many years. When new people did come to the home there was a pre-assessment carried out by the registered manager or deputy. This considered people's care and support needs and whether they would fit into the home living with seven other people. Family members and professionals were involved in this process.
- Care was provided in line with current legislation and guidance and was under regular review. Everyone had a thorough annual health review and when they got to a certain age they were offered age relevant tests, for example bowel cancer screening.

Staff support: induction, training, skills and experience
- Most staff members had worked at the home for several years. We were told about a thorough induction process that staff went through when starting work at the home. A staff member said, "I was shown around and had dinner with the residents. I shadowed experienced staff for a week and then they shadowed me to make sure I was alright." Another staff member told us, "I familiarised myself with paperwork and the folders and then had two weeks shadowing experience."
- Staff had completed or were working towards their level four, Health and Social Care certificates. This was a course aimed at those working in care that developed people's skills and knowledge and prepared them for progression.
- Staff received ongoing support through supervision meetings, held every four to six weeks and annual appraisals. A staff member told us, "The supervisions are a two-way process, we get a chance to feedback and make suggestions."
- We were shown a staff training folder which included areas such as safeguarding, mental capacity and moving and handling. An outside company provided all training for staff and a monthly audit was carried out by the managers to ensure everyone was up to date. Staff were reminded what training they were due in the following month.
- Staff told us that training was comprehensive and feedback was always provided. A staff member also told us, "We can request specific training if we think it might help us. I've recently asked for dementia training as some of our residents are now getting older."

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

● People were supported to eat and drink to maintain their nutritional and hydration needs. Choice was offered at mealtimes and people had snacks and drinks available throughout the day.
● People ate their meals together at a large table in the conservatory. Staff ate with people and mealtimes were a positive experience. Conversations were heard between people and staff and everyone appeared happy and were enjoying their food. People talked about what they had done that day and what they had planned for the rest of the day.
● A weekly cooking rota was drawn up each week, with people having an allocated day where they were responsible for preparing the days main meal. A range of cook books were used and people could choose whatever they liked.
● A board in the kitchen had information about healthy eating provided by the British Heart Foundation. We were told that people had their cholesterol measured recently and there was an information sheet on the board about this.
● Care plans contained nutritional risk assessments for people and included their likes, dislikes and any food or drinks to avoid due to allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care plans contained a medical fact sheet, a hospital passport and an appointment list. The hospital passport was a summary of a person's past and present medical profile that could quickly inform professionals for example GP's or hospital staff if needed. Appointment lists showed regular visits from chiropodists and appointments with dentists, opticians and GP's as required.
● The deputy manager had established a positive relationship with professionals who supported the service. A professional told us, "I've never had occasion to raise any issues. I go to several homes in the area and this is the best." Another professional said, "The staff are unbelievable, so helpful."

Adapting service, design, decoration to meet people's needs
● The home was split across two floors with people's bedrooms on the ground and first floors. There were large communal areas on the ground floor including a conservatory where people met to have their meals. The home was in a rural area within the grounds of a vineyard. There were outside areas including a private garden.
● We were shown people's bedrooms which had private bathrooms attached and had been personalised by people with their own possessions and personal effects.
● The home was clean and tidy throughout. A cleaning rota was in place and people were encouraged to take pride in their home. We saw people clearing away the table after meals and washing up in the kitchen.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLs).

We checked whether the service was working within the principles of the MCA.

● All staff had received training in mental capacity and understood the application of the Mental Capacity Act. A staff member said, "Training is ongoing, and we have regular updates throughout the year." A relative told us, "They have a good routine at the home, but they are always asked what they want to do."
● Everyone living at the home had been assessed as having capacity. People could make decisions about food choices and what to wear each day. Some people had a clothing chart to help them make decisions. People had a routine of activities but were able to decide not to do an activity if they wished.
● MCA risk assessments had been completed for people to ensure they understood that they lived at the home. These were completed with people and their relatives.
● Staff were available to support people and understood the importance of consent. A staff member told us, "I always ask. Sometimes people need support so I'll ask, 'Do you want a bath today?'" Another staff member said, "We discuss what they are doing for the day. They can decide then what they want to wear and if they want to shave."
● People and relatives were involved in decision making. A relative told us, "I'm invited to meetings and I'm always kept informed of what's happening." The deputy manager told us that family members were all involved closely with the way the service was run with several sitting on the board of directors for the service.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff were caring and showed respect to people. A person told us, "Everyone likes me here. I like everyone, we're all friends. It's nice." A relative said, "It's a great place, a big happy family."
- Staff spoke to people kindly, supportively and with a sense of fun. Staff often greeted people with a 'high five'. Conversations were initiated by staff and people and there was a sense that everyone got on well together. A staff member said, "It's important that they are respected. Doors are always knocked, it's understood that people need privacy."
- Staff sat and ate their meals with people around a large communal table. Conversations were had between people and between staff and people.
- When we arrived at the home people approached us and introduced themselves individually. They shook our hands and talked to us about what they were doing that day. The atmosphere was welcoming and friendly.
- Staff treated people fairly and had a good understanding of equality and diversity and people's protected characteristics under the Equalities Act 2000. A survey was carried out with people regularly which invited people to comment on their preferences. Because of this survey it was discovered that a person's cultural background meant that some autumn festivals were important to them. These festivals were now celebrated and enjoyed by everyone at the home.
- The deputy manager was a visible presence at the home and everyone responded to him in a positive way.

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

- People, relatives and where appropriate, professionals were involved in care planning. Evidence was seen of people making informed decisions around their care and treatment. For example, when people reached a certain age they were offered a screening test for bowel cancer. Discussions were documented and people's choice about having the test was respected.
- A relative told us, "There haven't been many changes over the years but I'm always invited to meetings." Everyone had a yearly health check with their GP and people were informed of any changes. One person had a recent diagnosis of early dementia which had been documented and discussed. This had prompted additional staff training. The deputy manager said, "We like to adapt the staff to meet the needs of the residents, not the other way around."
- Care plans provided details of people's care and support needs that had been identified by staff and people. A staff member said, "Residents are involved in their care planning."

● Staff understood the importance and respected confidentiality. A staff member told us, "People are always given the opportunity to talk privately about things if they want to." Documents and care plans containing personal information were kept in a locked office. Handover meetings where people were discussed were held privately. A staff member said, "The door is always closed when we are discussing people."

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence were promoted and respected by staff. A staff member told us, "We have a knock on the door and wait policy." Another said, "We have to remind people sometimes to close the door when taking a shower for theirs and other's privacy."

● People were always treated with dignity. People were asked how they would like to be addressed, for example, by their first name, nickname or Mr. or Ms. People's preferences were respected.

● People were supported to lead active lives and pursue things that interested them. People and staff took an interest in other people's activities and conversations were heard about sport, photography and people's families.

● People were encouraged to lead independent lives. This included dressing, washing, cooking and eating as well as engaging in a range of activities both in and out of the home. A person told us, "I've cooked my whole life and I can cook here." A staff member said, "I might suggest if they are going out they might want to shave. Most of the time they will do it themselves but sometimes they ask if I can help."

● Routines were in place for tasks around the home and people took it in turns to help clean and to cook.

● Everyone had a schedule of going out and most people achieved this independently, taking a mobile phone with them in case of an emergency. People were not set times to return and could come and go as they pleased.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred. People's care and support needs were prioritised and were clearly documented. Care plans contained 'pen pictures' of people which provided details of likes and dislikes and understanding of risk. All risks were documented with guidance for how staff should respond. For example, if one person became upset they liked to go outside for a few moments and be left alone.
- Staff knew people well and understood people's care and support needs. A key worker system operated at the home which meant that staff had responsibilities for certain people. A staff member said, "It works well. I help with personal things like making sure they have enough toiletries and that they send birthday cards on time." Another staff member told us, "The system works well but everyone still mucks in and people know they can come to anyone."
- The deputy manager told us that people had lived at the home for varying lengths of time but all were well established and they wanted to create a home for life. People were supported by their families and most people had regular periods of time staying away with family members. Family members came to the home regularly and festivals were celebrated together, for example Christmas, Easter and birthdays.

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.

- People were able to communicate verbally and most could read and write a little. The deputy manager told us that they had no need at the current time for any specific communication aids although some pictures were used in the kitchen and bathroom to clearly identify different foods, meals and products. For example, a picture of a duck was placed on bathroom products so as not to confuse with kitchen products.
- We observed numerous interactions between staff and people that helped support people throughout the day. For example, we heard a staff member say, "Would you like to come to lunch? Then you can chill this afternoon." They then said, "I'll help you wash your hands if you like. Shall we put the kettle on? What have you chosen for lunch today?"
- People were able to tell staff if they were uncomfortable or in pain although sometimes they did not tell staff straight away. Staff told us that they knew people well and that they could tell by subtle changes in their behaviour if they were unwell. Staff would then talk to people to find out exactly what was wrong. This

was reflected in people's care plans.

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

● Within the home people were able to enjoy a variety of activities. A person told us, "There are lots of things to do here." At the time of the inspection an international sporting event was taking place and the communal area had been decorated with flags from competing nations. People were able to enjoy activities such as board games, cooking and puzzles together but were able to go to their bedrooms and listen to music or watch television if they chose to.

● We were shown a garden area that people could enjoy when the weather allowed and there was a large drive area where we saw one person enjoying riding around on their bicycle.

● People had weekly activity schedules that involved trips out to the Fifth Trust day centre, a charitable organisation that supports people with learning disabilities. Activities included working in their garden centre shop and café and involvement in gardening activities and helping with log deliveries. People had also helped in preparing hanging baskets for a local flower festival.

●The centre provided feedback for people and staff in the form of a report. These documents were helpful and celebrated people's successes and achievements and highlighted some areas where additional support might be needed.

● People were able to catch the bus to reach a local town and some did this alone, some with other people or staff. On the day of the inspection one person was being accompanied to town to see a photographic exhibition at which he had photographs on display.

● The deputy manager told us about the importance of routines to people. However, it was pointed out that people still had choice and if they wanted, could vary what they chose to do. One of the residents often enjoyed staying up late to watch films on television. This resulted in him taking a short sleep during the following day which was accommodated by staff.

● Throughout the year festivals, birthdays and significant events were celebrated at the home with families and neighbours being invited in. A relative told us, "I'm always being invited in for events. It's always such a nice atmosphere." A professional said, "I love the involvement. Some people can even work, it's a lovely set up."

Improving care quality in response to complaints or concerns

● A complaints policy was in place and was accessible to everyone. The policy outlined a clear process for dealing with issues raised. No serious complaints or issues had ever been raised.

● The deputy manager told us that daily communication with people would highlight any concerns but there had never been anything raised. He told us of regular involvement from families and similarly no issues had ever been raised.

● A relative said, "I've never had to make any complaint about the home." Another relative told us, "I'd speak to staff in the first instance, but I've never had any issues to raise." A professional told us, "I can't fault the place. I've been working with them for four to five years now and I've never had to raise an issue."

End of life care and support

● People living at the home varied in age, but no one was receiving end of life care. The deputy manager told us that they have acknowledged the importance of the issue and it had been discussed with people and relatives. We saw in care plans reference to end of life care and arrangements. Details of funeral plans were seen in some plans, but people were also respected for not wanting to discuss the issue if they chose not to.

● Staff told us that they had received end of life training. A staff member said, "As some of them are getting older now we have completed end of life and dementia care training."

Good

Is the service well-led?

Our findings

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The deputy manager knew people well and we observed numerous positive interactions with people throughout the inspection. We observed the deputy manager speaking to people about what they were cooking for lunch and dinner that day and what activities they had planned for the day. People responded to him and smiled and made jokes with him.
- Staff spoke highly of the management team at the home. One staff member told us, "They work well as a team, they talk to each other and we are well supported." Another said, "They are approachable, I've never had any problems. They help me with my rota if I ever have any issues."
- We spoke to relatives about the managers. A relative said, "Their door is always open, we're always kept informed about what is going on."
- Professionals also spoke well of the management team, one said, "They are unbelievable, really good." Another professional told us, "They are lovely people, I have every confidence in the management there."
- The deputy manager and all the staff we met had a positive attitude towards people, were friendly, approachable and responded to people's needs.
- We observed a staff handover at a shift change. Every person was discussed and any changes to people's routine highlighted. Care plans were updated with any significant changes to peoples care and support needs and staff signed to confirm that they had read the changes.
- Staff told us that because the home was relatively small everyone got on well and interacted with the managers daily. A staff member said, "We have monthly meetings. Everything is written down so people who can't get to the meeting can read about it." They also said, "If you don't want to speak at the meeting it's fine, we can always speak to the managers after."
- Relatives told us that they were kept up to date with issues. Most relatives were involved in various ways with the home. One relative produced a home newsletter which was circulated to people, relatives, professionals and neighbours.

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

● The deputy manager understood their responsibilities under the duty of candour and was honest and open with us throughout the inspection. Registered managers are legally required to inform CQC of significant events that happen at their homes. We saw that where appropriate, incidents had been reported to us and other relevant, health and social care professionals.
● Registered managers are also required to display their CQC ratings. The previous CQC rating for the home was displayed in a communal area of the home, visible to all people and visitors.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The deputy manager showed us an auditing file and explained the quality assurance processes they followed. A robust system was in place for auditing medicines with checks being made daily, weekly and monthly. MAR charts were examined for accuracy and were completed by relatives when people were staying with them away from the home. MAR's completed by relatives were subject to the same auditing processes by staff.
● Staff training was recorded and audited to ensure that everyone was up to date. Personnel files and people's care plans were audited and reviewed by the registered manager and deputy manager. There had not been enough accidents, incidents or complaints to draw any meaningful conclusions, however these were closely monitored by the registered manager on a regular basis.
● Staff had a clear understanding of their roles and responsibilities. Each had key worker responsibilities and were responsible for maintaining people's routines and their own training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The deputy manager explained how they sought feedback. People were invited to take part in a survey called 'Putting residents first,' once or twice a month. The deputy manager explained that the survey also helped to further understand people's support needs. For example, people's finances often came up as a subject people needed help with. A member of staff said, "We do regular surveys with people, we ask them questions all of the time."
● Staff were frequently asked their views on issues and invited to make suggestions. This was primarily done through staff meetings and one to one supervision meetings.
● Some written feedback was seen from relatives and professionals, but most was sought through meetings. The home had a series of meetings throughout the year which included a parents and siblings meeting and an annual general meeting which was followed by everyone having a meal together at the home.
● We were shown a file containing some messages of thanks from relatives, neighbours and professionals. These were mainly in the form of e-mails.
● Evidence was seen in care plans of consideration being given to people's equality characteristics. For example, a staff member told us, "We have recently carried out a faith survey with people." This was done to ensure everyone had an opportunity to practice a faith if they chose to.

Continuous learning and improving care
● Staff were encouraged by their managers to manage and advance their personal development. Everyone we spoke to had either achieved or were working towards their level four, health and social care certificate. This is a recognised certificate that defines knowledge, skills and behaviour expected in specific job roles.
● The deputy manager told us that they constantly looked at ways to improve the service provided. For example, some specific tasks had been given to staff such as taking responsibility for first aid equipment. This made staff feel empowered and improved quality of service.
● The deputy manager told us that the registered manager attended a variety of events and forums and that they cascaded information and learning down to the deputy and the rest of the staff at the home. Some of the relatives were directors of the service and received regular updates from CQC and other professional

bodies. Staff were also given updates on this information.

Working in partnership with others

● The home sat within the grounds of a vineyard that was open for public visits. The home had been running for nearly 25 years and although in a rural location, was very well established in the local community. People helped in the vineyard café and regularly used the bus service into the nearest town. A professional told us, "I see them most weeks." Another professional said, "They are all so involved."

● The management of the home had established strong links with other professionals and local services for example, GP's, the Kent learning disability team, the local authority and local hairdressers and chiropodists. All professionals we spoke to were complimentary of the service and felt the established links ensured people's health and care needs were met.