

# Cygnet Learning Disabilities Midlands Limited

## The Fields

### Inspection report

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Date of inspection visit:  
27 June 2017

Date of publication:  
14 April 2020

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

The Fields is registered to provide accommodation for people who require nursing or personal care. The home can accommodate up to 54 people who have learning and/ or physical disabilities. The home is divided into seven units, one of which provides nursing care. The home is situated in the Woodhouse area of Sheffield and benefits from access to local facilities.

The Fields had been operating for many years. Cambian learning Disabilities Midlands Limited took over the home and were registered with the Care Quality Commission (CQC) in November 2015. This is the locations first inspection since the new providers were registered.

It is a condition of registration with CQC that the home has a registered manager in place. There was a registered manager in place who was present on the day of our inspection. A registered manager is a person who has registered with CQC 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.

Everyone we spoke with, including people who used the service, their relatives and external professionals said people received individualised care. People told us "I love it here –it's my happy home." A relative told us, "Its [my loved ones] home and they [the staff] make it feel like home.

There was an extremely strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The management team and staff shared the vision of the service.

Staff told us they worked as part of a team, that The Fields was a good place to work and staff were very committed to providing care that was centred on people's individual needs and made sure that people were supported to achieve everything they wanted to.

Staff received the training they needed to deliver a very high standard of care. They told us that they received a lot of training and could access any training specific to their job.

Medicines were stored securely and procedures were in place to ensure medicines were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and systems were in place to ensure that staff were working to the safeguards that were in place.

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way that protected people's dignity and

rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the fore front of the service and were cared for as individuals and encouraged to maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised outside of the home and people were encouraged to pursue their own interests and hobbies.

We saw that staff recruited had the right values and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process, appropriate safeguards had been put in place. Staff rotas showed that the staffing arrangements remained at the levels required to ensure all peoples needs were fully met and helped to keep people safe.

Systems were in place that continuously assessed, monitored and improved the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed very well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the service. Relatives said they were 100% sure their relatives were safe.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

### Is the service effective?

Good ●

The service was effective.

People's care was delivered effectively. Staff and people were confident that the staff had the skills and knowledge they needed to meet people's needs. Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People were supported with their dietary requirements and had choice and involvement in meal planning.

### Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care and staff were passionate about their work. Staff communicated with people in a friendly and warm manner that reflected their communication

needs.

People and visiting professionals spoke highly of the staff.

People were treated with dignity and respect and their privacy was protected.

People who were able were involved in discussions about their care and we saw evidence of this in care files.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with detailed guidance on how to meet people's needs and staff involved people in activities that reflected their preferences.

People regularly accessed the community and took part in a variety of activities which was beneficial to their well being.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The registered manager and the deputy manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team.

There were systems in place for monitoring the quality of the service provided. Where improvements were needed, these were addressed and followed up promptly to ensure continuous improvement.

Meetings were held with staff and people who used the service. These ensured effective and good communication and the sharing of information.

# The Fields

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2017 and was unannounced. The inspection team consisted of three adult care inspectors and two experts-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. The expert by experience had experience of supporting and caring for people with a learning disability.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with twenty-two people who used the service and five relatives to gain their views and

experiences of the service. We also spoke to the registered manager, the deputy manager, the clinical lead, the administration officer, cook and fifteen care staff.

We reviewed a range of records about people's care and how the home was managed. These included care records for seven people, and other records relating to the management of the service. We also looked at six staff training, support and employment records, quality assurance audits and minutes of meetings with staff. We looked at the findings from questionnaires and incident and accident reports.

# Is the service safe?

## Our findings

People and their relatives described the service as very good and everyone we spoke with told us they felt that people were kept safe. For example, one person we spoke to told us, "This has been the best place I have lived in so far, I don't want to talk about the other bad places." Another person told us, "This is my happy home. I like everyone. Staff are nice. They treat me well, I like being here, and I feel very safe."

Relatives we spoke to told us, "It's absolutely brilliant the staff are warm and friendly and they tell me everything I need to know. I know [relative] is safe here." Another relative told us, "It is such a relief my loved one is living here, I feel that a lifetime of worry has been lifted from me." Other comments included "I feel so settled, knowing that this is such a safe place," and "This place is so safe - I would not hesitate in reporting any concerns to the Manager, I feel lucky to have such a great team to look after my [relative]."

The provider had safeguarding policies and procedures in place to guide practice. The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse.

Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and the training matrix seen, confirmed that all staff received training in how to recognise and report abuse.

All staff spoken with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe. One staff member we spoke to told us, "I feel confident about adult protection and safeguarding generally," and "I know if there were any concerns that they would be fully investigated and action would be taken to make sure people are safe." This meant staff had access to the safeguarding procedures and knew when and where to report incidents to.

Whistleblowing is one way in which a staff member can report suspected poor practice at work, by telling someone they trust about their concerns. They told us this was covered during induction; it was also constantly raised in supervisions. Staff were fully aware of these procedures and one member of staff said, 'The registered manager encourages us to tell her everything, everyone's really honest and open and if there is anything needs sorting out she [the registered manager] does it straight away.'

People's care files that we looked at showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risks that were relevant to their needs and these had been reviewed regularly and provided clear guidance for staff to minimise the risks.

We saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights whilst making sure they were the least restrictive option. These plans were reviewed regularly and where people's behaviour changed in any significant way, we saw that referrals



were made for professional assessment in a timely way. For example, we saw there were regular clinic's held at the service with the psychiatrist to support staff to understand behaviours and to develop suitable responses to these behaviours.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe. Staff told us they had medicine management training as part of their induction and 'medication competency assessments' were carried out by the clinical lead before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice.

We checked four people's Medicine Administration Record (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out. This showed procedures were in place for the safe handling and storage of medicines.

There was a separate record for 'as required' medicines. This gave staff details that included the name and strength of the medicine, the dose to be given, and the maximum dose in a 24-hour period, the route it should be given and what it was for. There was also a similar safe protocol for topical medicines, such as creams. This helped prevent errors.

One person we spoke with told us, "I always get my tablets on time," and a relative said, "You can rest easy knowing they will get their medicines on time."

On the day of our inspection we saw there were staff in sufficient numbers to keep people safe. Staff we spoke to confirmed they had no concerns about safe staffing levels. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

The registered manager told us, "We bring in extra staff to make sure people get the chance to go out and do something they enjoy doing." This was confirmed by a member of staff who told us, "The manager always tries to put on extra staff to make sure people get the chance to get out and about," and a relative who told us, "It's great to see my [relative] getting out and about."

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where any issues had arisen about an applicant's suitability to care for vulnerable people, there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in

infection control. There was an infection control champion identified whose role was to ensure best practice guidance was available and followed by staff. They also made sure staff knowledge was up to date. Care workers were able to demonstrate a good understanding of the prevention and control of infection.

On the day of the inspection staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to. We looked around the premises and whether all required safety checks had been carried out. We found that there were service record logs to confirm servicing and checks of the environment to ensure its safety.

There was a fire risk assessment in place and the fire alarm system was serviced on a regular basis to ensure it remained in good working order. We saw that fire equipment, fire extinguishers, fire blankets and emergency lighting was checked on a monthly basis. Weekly inspections were undertaken of means of escape and the fire alarm. There was also a record of fire drills that had been carried out, which detailed how many staff had been involved, how long it took to evacuate the building and any action taken.

We looked at the personal emergency evacuation plans (PEEPs), which were in place for people who lived at the home. The purpose PEEPs is to ensure staff know how to assist each person to leave the building safely in the event of an emergency. We found PEEPs had been undertaken for each person living at the home so important information was available in the event of a fire.

We looked at the equipment that was in use to assist people who were unable to move independently, this included bath hoists and mobile hoists. We found the equipment was in a good state of repair and the records we looked at showed these had been serviced regularly.

Records also showed that all the gas and electrical equipment had been serviced and checked. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally. The service had a contingency plan in place in case of emergency, including electrical failure and gas failure.

The service had a policy and procedure on safeguarding people's finances. The administration officer explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for two people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

# Is the service effective?

## Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively.

Staff knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; "The staff team are well trained and make sure I am involved in decisions making about my [relatives] care and support."

Visiting professionals we spoke to told us, "The staff team are strong and effective," and, "The staff are very skilful."

Staff confirmed they completed an induction programme and said they were given sufficient time to read records and worked alongside experienced staff to fully understand people's care needs.

Training records recorded staff had completed training to effectively meet the needs of people, for example dysphagia training. Dysphagia training helps staff to understand and recognize signs of eating, drinking or swallowing difficulty and to look at safe and good eating practices.

The deputy manager confirmed new staff completed the Care Certificate when starting work at The Fields. The care certificate is considered best practice for staff members who are new to the care role.

We looked at the training matrix and saw on-going in depth training was planned to support staff members' continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control, fire safety and Multi-Agency Public Protection MAPPA training. MAPPA training enables staff to safely disengage from situations that present a risk to themselves or other people and Buccal midazolam training. Buccal midazolam is a drug that is used to control seizures. Other training included music therapy and oral care.

Staff members we spoke to said, "I've done quite a lot of training over the years," "I can request any training that I feel will benefit the service users," and "I get all the training I need to do my job well."

Staff communicated effectively within the team and shared information through regular, verbal and electronic daily handovers. Staff received appraisals, supervision and completed staff performance evaluation forms with their line manager. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at the workshops. Records showed staff discussed topics including how best to meet people's needs effectively.

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

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's mental capacity was assessed. Best interest decisions were taken where necessary in consultation with relevant professionals and relatives. Staff were aware of the outcome of best interest meetings, which meant care being provided by staff was in line with people's best interest.

We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had received MCA training and were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

We also checked people's files in relation to decision making for people who are unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these.

The visiting advocacy group had devised an easy read guide to the MCA and DOLS and were doing training sessions on helping people make decisions and keeping them safe.

Staff ensured people were able to make an informed choice and understood what was being planned. Care plans gave clear guidance for staff to ensure explanations were provided to people about their care and treatment and their views respected.

Throughout the inspection staff were seen and heard asking consent from people before providing any care or support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their daily routine.

People could choose what they would like to eat and drink from a pre-planned menu that was based on people's likes and dislikes. The initial ideas for the menus came from the service user meetings and then with guidance from the SALT and the senior managers produced the final menus. People had their specific dietary needs catered for and the cook told us, "We get fantastic advice and guidance from the speech and language therapist around people's dietary needs and swallowing abilities."

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. Care records were used to provide guidance and information to staff about how to meet individual dietary needs.

Staff were knowledgeable about people's nutritional needs - such as soft or moist diets to reduce the risk of choking and smaller plates to reduce portion sizes where this was the person's preference. For example, one person who required a gluten free diet told us, "I am on a gluten free diet and the staff make sure I get the right food." This showed people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. Comments on the food included; "The food is great - sometimes I go to the pub for a meal, "I am having quiche today - I like quiche"; "The food is good," and "Staff know just what I like."

We saw people were able to prepare a meal if they chose to and people were also encouraged to assist with cooking whenever possible. People we spoke to told us, "I can cook food - I like baking" and another person told us, "I like tidying up in the kitchen and making a cup of tea." "I can use the kitchen to get my own breakfast."

People accessed healthcare services, their GP and district nurses visited and carried out health checks. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments. People whose health had deteriorated were referred to relevant health services for additional support. A health care professional told us that staff recognised when people were unwell and needed medical review and sought help appropriately. This meant the service was responsive to people's health care needs.

Relatives we spoke with told us the staff were very good in seeking advice from external professionals to ensure people's health needs were met. Comments from relatives included, "It is a joy to visit my [relative] she is now happy and healthy. She is encouraged to enjoy life, be active, take part and have fun".

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. The service provided specialist care for adults with autism and additional learning disabilities or other complex needs. People with autism sometimes experience some form of sensory sensitivity, being over or under-sensitive to sounds, touch, taste, smells, light or colour.

People's individual needs were met by the adaptation, design and decoration of the home. For example one person required the windows to be screened so they could see out but people couldn't see in. Another person had a specially designed sensory bedroom that provided them with a safe sensory experience. This meant the service had considered the sensory needs of the people using the service.

The home was well maintained and decorated and furnished in a style appropriate for the people who used the service.

Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

All the relatives we spoke to were very happy that all areas of the home were clean, modern, and well presented. There were different, lounges and conservatories throughout the service, which meant people, could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

# Is the service caring?

## Our findings

People and relatives were exceptionally positive about the quality of care and support people received. People who used the service we spoke with said they liked living at The Fields. Comments from people using the service included, "The staff are smashing - I get on with all of them," "The staff love me," "Staff are friendly kind and gentle - they treat me with respect," "They know about all the things I need," "I think the staff are brilliant," "They get me out to see my friends and family," "It's lovely - the staff are marvellous," "They sort me out and make me feel better," and "I love them all." One person responded by clapping and smiling when we asked if they liked the staff.

Relatives told us, "The service on offer here has enriched my [relatives] life," "My [relative's] periods of challenging behaviours are reducing - thanks to the staff," and "My [relative's] life here grows less restrictive, her sense of humour is alive again, her happiness and health is greatly restored," "They look after my [relative] both inside and out, and every single employee does their job with a passion."

One visiting professional told us they were very impressed by the attitude of the staff. They told us, "The support is tailor made to each individual client and staff like to get to know the clients well."

Other comments from visiting professionals included, "The staff know the residents very well - they always know the background to their problems," "I have every confidence in the staff here," "They [the staff] always ensure that the right supplies and equipment is in stock for me to use," "Excellent staff interaction - they show genuine compassion and care to all," and "The care is second to none - and I go in a lot of homes."

We spent time in the communal areas with people who used the service. There was a caring culture amongst all staff. People looked relaxed in the company of staff. They were smiling and communicating happily, often with good humour.

Staff worked very hard to understand people's needs and encouraged them to communicate in their own individualised way.

Staff showed great care when working with people and it was obvious they knew them well. All of the relatives spoken with were very happy with the care their relatives received. People were encouraged to maintain their links in the community and friendships were supported.

Staff showed great care when working with people and it was obvious they knew them well. All of the relatives spoken with were very happy with the care their loved ones received. People were encouraged to maintain their links in the community and friendships were supported - with access to a range of outside activities. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. We saw people regularly accessing the community during our inspection.

Staff spoke positively about their work and said they enjoyed it. Staff told us, "It's about putting people at the centre of everything we do," and "It's a happy staff team, everybody helps each other and uses their

common sense." This meant staff had an approach that placed people at the focus of their work. For example, we saw a member of staff sitting next to a person who had no verbal communication and ensured they were included and felt cared for. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect.

People told us how they remained independent and that this was encouraged by staff. We saw people were involved in household tasks such as doing their own cooking and comments from relatives included, "My [relative] is encouraged to use public transport and engaging the local community," and "My [relative] is benefiting from joining in the tidying up and sorting her laundry."

People had access to weekly 'drop in' sessions facilitated by the independent advocacy service. An advocate helps people to make informed choices and listens to a person's needs and speaks up on their behalf. Records showed that up to nine people regularly accessed the session and the sessions discussed care and support, accommodation, choice of activities and the unit that people were using.

People who did not have an active circle of support were allocated an independent mental capacity advocate (IMCA). An IMCA is appointed to seek the views and beliefs of the person and gather and evaluate all relevant information about that person. This information then helps decision-makers, like doctors, reach decisions, which are in the best interests of the person concerned.

People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's end of life was planned with them and their relatives. Files held an end of life care plan which documented people's wishes on resuscitation. Staff were trained in end of life care.

One relative we spoke to told us, "We have had a conversation about planning for the future and if anything happened to my [relative] and this was good because I was clear about what I wanted to happen and knew they would carry out these wishes."

## Is the service responsive?

### Our findings

The people who used the service told us the staff were extremely good and provided support that fully met their needs. People using the service told us, "I get up and go to bed just as I want," "The staff make it clear that if we have any concerns we must tell them," "They help me with everything," and "I can tell anyone if I am unhappy."

Staff we spoke with fully understood people's needs and explained to us how they met these requirements. Staff were also able to explain to us how each person responded differently and this required different approaches and methods. This demonstrated staff were fully responsive to individual's needs. One person told us, "The staff understand me, and I love living here."

People, where possible, were involved with planning their care. People and relatives were then partners in the care planning process. For example, where people's general health had deteriorated this was discussed with the person where possible. Staff then responded by contacting the GP and district nurses for advice and support, this helped ensure they remained comfortable. Relatives also confirmed staff kept them informed of any changes. A relative said; "They [care staff] make sure if they have any health concerns they let me know."

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives.

People's care records included a detailed care plan called 'People First.' This included detailed information about their background including their health and social care needs, personal care, religious and cultural needs. For example, when a person needed staff support and equipment to mobilise.

Additional information recorded included how staff could respond to people's emotional needs if a person had additional needs, for example those people living with autism and who required extra support.

Support plans were regularly reviewed and updated to reflect people's changing needs. Staff knew people's individual communication skills; abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.

All care records we looked at included a hospital passport. The hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. For example, one hospital passport identified the person was allergic to penicillin and nuts.

People were supported to maintain their links in the community and friendships were supported with access to a range of outside activities. Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community and access to a wide variety of



community social activities.

People told us about their daily lives and things they enjoyed doing. Activities included going to the pub for lunch, going to a nightclub, gardening, shopping, bowling, pampers sessions, music sessions, visits to the theatre and 'The Fields got Talent' competition.

The registered manager told us that they had recently got three mini buses which would mean people had more opportunities to go out and do community based activities.

We observed many activities taking place during our visit. The activities staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People spoke very highly of the activities arranged.

People told us they particularly enjoyed the holidays and comments included "I had a great holiday last week at the seaside", "I love going on holiday - it's great" and, "I love the holidays away."

People also said, "I love gardening - I have planted some plants"; "It's good to go to the sensory garden"; "I am going to play bingo today - I love it when I win"; "I take part in anything that's going - they help me keep busy."

Daily records contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal and electronic handover between shifts, when staff teams changed to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

We looked to see if the service had received and responded to complaints. The service had only received one complaint in the last year and the complaints file showed the complaint had been thoroughly investigated in line with the services own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version. This made the policy much more accessible to people who had difficulties in taking in written information.

People, their relatives and health care professionals knew whom to contact if they needed to raise a concern or make a complaint. They went on to say they felt the management would take action to address any issues or concerns raised. One relative said; "If I ever had a problem I would go straight to the [registered manager] and I am sure she would sort it out," and one person told us, "The management deal with problems straight away."

We observed staff gave time people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

## Is the service well-led?

### Our findings

The Fields was very well led and managed effectively. There was a strong person-centred culture within the home, the management team provided strong leadership and led by example.

People, relatives and all the staff spoke positively about the provider and the registered manager. People told us, "We have meetings to decide things," and, "They [the managers] are always asking us what we want to do," and one person said, "Everything is great here."

Relatives told us, "The manager is lovely; I feel that I can go to her about anything," "If ever I had a problem I would go straight to the manager. She encourages this," "The staff are wonderful," "I am so happy with the care (name) receives. I am happy with all the staff and management. They don't just help (name), they help me as well - I can't thank them enough," "Every single employee does their job with a passion," and "I am 100% satisfied with everything."

Staff members we spoke to told us, "I love working here it's like a big family, staff are all so supportive and helpful," and "I have gained so much experience and confidence working here," and "The managers are great, any issues you can go to them and know they will act."

The registered manager and the deputy manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The staff demonstrated they embraced these values when discussing the service.

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and deputy managers. The registered manager and the deputy manager demonstrated they knew the details of the care provided to people that showed they had regular contact with the people who used the service and the staff. One staff member told us, "The managers know all the service users, their names and their needs."

Throughout the inspection we observed the managers conversing and engaging with people who used the service.

The registered manager promoted the culture of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise if things go wrong.

The registered manager's vision for the future was to maintain the standard of care they had achieved to date. They shared their goals of continuing to provide excellent care, 'enabling people to live a meaningful life and to achieve their best' and to continue with a range of varied activities. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for and spoke about the people they were supporting. Staff were motivated, hardworking and enthusiastic and made sure the quality of life for people using the service remained at the centre of everything they did.

People said the registered manager and deputy manager were visible, kind and compassionate. The registered manager and provider made themselves available to talk and meet people and visitors. Staff spoke highly of the support they received from the registered manager and deputy manager. Staff felt able to speak to any of the management team if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and many had worked at the service for a number of years. One staff member said; "I love working here, the registered manager is lovely she will find anything out you want her to and whatever you tell her you know she will keep it confidential."

The service held regular staff meetings, where staff were able to have open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run.

Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were extremely happy in their work and that the registered manager and provider motivated and inspired them to provide a good quality service and they understood what was expected of them.

Staff said the registered manager had an open door policy and often worked alongside them by providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff. The registered manager and provider both viewed this as a positive way for staff to raise concerns.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events that had occurred in line with their legal obligations.

Surveys were completed and any issues highlighted; the registered manager confirmed they would be addressed and fed back to people. This showed the service listened and acted upon people comments promptly.

Comments from the parent carer survey completed in September 2016 included comments such as, "Perfect," and "100% satisfied." We looked at the service user surveys completed in 2016. Comments included, "My care workers do things the way I want," "I feel in control," "I am treated with politeness and respect," "I can complain," and, "The service improves the quality of my life."

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The registered manager and the deputy manager showed a commitment and passion for the service and modelled high standards of care, through a 'hands-on' approach and attention to detail. As well as seeking feedback the provider and registered manager encouraged staff to carry out observations to monitor people's mental well-being.

The home had policies and procedures in place that covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read

and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager produced a statement of purpose that they had shared with people living in the home as well as commissioners of the service. A copy of the statement of purpose was available in the main reception area. It clearly described the type of home and the services they provided.