Groundstyle Limited

Weston House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 12 May 2017. Weston House is registered to provide accommodation for up to 33 people who require accommodation and personal care, who were living with mental health conditions. At the time of the inspection there were 30 people living at the home.

On the day of our inspection there was a registered manager in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were supported to be safe because staff were knowledgeable and could identify the different types of abuse. Staff knew how to report any concerns they may have about people's well-being. Risks to people's safety were assessed with them to promote their independence. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were monitored and action taken to reduce further concerns. People had personal emergency evacuation plans (PEEPS) in place and environmental risks had been assessed. People were supported to have their medicines as prescribed.

People had an excellent relationship with the staff that cared for them. People were supported by passionate staff who were very kind and caring and treated them with the utmost respect and dignity. People were supported to live their lives as they wished. Staff celebrated diversity and enhanced people's confidence to be themselves.

People were provided with the information they needed if they wished to speak with an independent advocate to support them with decisions about their care. They also enjoyed kind and enabling support from all staff to make their own decisions. People's friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

People's support plans were developed with them. People's wishes and individuality were always at the forefront of the planning of their care and support. Staff approach was very person centred. People's individual care and support needs were regularly discussed and reviewed with them.

People were encouraged to take part in activities that were important to them and staff provided support if needed. They were also supported to learn new skills and pastimes. People were provided with the information they needed to enable them to make a complaint.

People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality

and effectiveness of the support provided. The staff team respected and acted upon people's views at all times.

The registered manager was very passionate about the service provided to people. They were committed to encouraging people and staff to thrive and learn new skills. Feedback we received from community healthcare professionals showed that there was a very high level of respect and trust in the staff team to support people in crisis.

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.

The risk to people's safety was reduced because staff understood the different types of abuse, and knew the procedure for reporting concerns.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Safe procedures for the management of people's medicines were in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and received regular assessments of their work.

People felt staff understood how to support them effectively.

People were enabled to make choices in their everyday lives.

People were supported to access healthcare services where needed.

Is the service caring?

Outstanding

The service was very caring.

People continued to develop close relationships with the staff. People were supported by staff who were very kind and caring and respected their individuality and dignity.

People were encouraged to live their lives as they wished by a dedicated, passionate and motivated staff team.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care records were based upon their individual needs and were very person centred, People were empowered to achieve their goals and ambitions.

People were encouraged to take part in activities that were important to them and learn new things.

People were encouraged to be involved in the running of the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Leadership in the home was supportive and enabling, as a result the staff team were encouraged to be the best they could be by the registered manager who believed in their abilities.

People could be confident they would receive care and support that was high quality and placed them at the centre of the service.

People, their relatives and staff were actively involved in running the home and contributed to the development of the service.

Weston House

Detailed findings

Background to this inspection

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

We inspected the service on 11 May 2017. The inspection was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with ten people who used the service and one relative. We also received written feedback from the relatives of two people. We spoke with four care staff, the deputy manager, two domestic staff, the administrator and the registered manager. We also spoke with five health and social care professionals who regularly visited the service.

To help us assess how people's care needs were being met we reviewed two person's care records and other information, for example their risk assessments. We looked at four medicine administration sheets and other medicines records. We also looked at staff recruitment and training records to check that staff were suitable to work with people. We also reviewed a range of records relating to the running of the service including audits carried out by the management team.

Good

Is the service safe?

Our findings

People told us they felt safe living at Weston House. One person said, "I feel that the staff keep me safe because they understand me so well. They know when I need to be supported." People were able to lock the doors to their rooms to protect their belongings. People were supported to develop the skills and confidence they needed to maintain independence and their own safety. They were supported by staff who enabled positive risk taking to achieve people's independence. For example, we spoke with one person who required support to cross the road to go to the shops. They told us, "It is a very busy road and I can't cross it on my own. The staff always come with me to see me across the road so I am safe. I go to the shop on my own and the staff then wait for me to help me cross the road again."

People were kept safe from the potential risk of harm and abuse because staff knew them well. The staff team were able to recognise changes in people's demeanour which showed that they may be concerned about something. One person told us, "They (staff) would never let me come to harm. I rely on them to keep me safe when I can't do it myself. They are very good to me." Staff were very clear about their role in how to protect people from abuse and were confident in reporting any concerns. Every member of the staff team from manager to housekeeping staff had received training in how to keep people safe. They also had read and understood the provider's safeguarding policies and procedures. We spoke with four staff members who all felt that supporting people to be safe was very important. One staff member said, "It is about getting the balance right between protecting people and helping them to be independent." Another staff member said, "I would always report anything I was concerned about. If a resident was acting differently without reason, I would report it as it may need to be looked into." All staff confirmed they knew the registered manager would act immediately on any concerns raised. The staff's approach to keeping people safe was reflected in feedback from a community health professional, who commented, "The staff team demonstrate a good level of understanding in how to offer protection and identify potential risks to the people living at the home."

Staff enabled people to achieve a fulfilling life whilst keeping them as safe as possible. Risks had been assessed and actions had been taken to reduce risks. Staff worked to minimise the restrictions placed on people so that they could do things that they enjoyed. For example, one person liked to smoke but their increasing health needs made this unsafe. The staff team and doctors had spent time explaining the risks of continuing to smoke to the person. Agreement was reached as to the amount of cigarettes the person would have daily. We spoke with the person about this decision. They told us, "I do understand that I should stop for my health but I don't want to. I am happy to have less. Maybe one day I will stop."

People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents and incidents. The provider had systems in place to record, monitor and analyse

behaviour that may cause harm to people. For example, we saw that the registered manager was able to increase staffing levels straight away if required. This would happen if incident reports showed that a person required more staff support to manage their behaviour patterns. The registered manager confirmed that they would put the required staffing in place immediately if required.

We saw that there was enough staff available to meet people's needs, respond to requests for support and keep people safe. One person told us, "There are plenty of staff. They take me out to the shops whenever I want to go." The staff we spoke with felt that there was enough staff. One staff member said, "If we need more staff for a specific reason, such as people needing escorts to go out, then it is arranged." We saw the provider's recruitment processes ensured staff employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff told us, and we saw, that potential new employees did not start working at the service until checks had been received from the Disclosure and Barring Service (DBS) and suitable references had been acquired.

People's medicines were well organised, stored safely and medicine records were completed accurately. There was a medicines profile for each person with photographs and relevant information about their medicines needs, allergies and related health conditions. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. People with chronic health concerns had 'rescue packs' in place. Rescue packs contain prescribed medicines which can be used quickly if a person becomes ill. For example, one person who had a chronic lung condition, had antibiotics in place which could be started quickly in the event of an infection. These measures ensured that prompt action could be taken to help the person.

The registered manager had worked with staff to develop a better method of administering medicines which suited the people living at the home. For example, the staff team had reported that they, occasionally, had difficulty in keeping track of where they were with medicine administration. This was because people were moving freely around the home and staff were often being interrupted. The registered manager and staff then developed a system whereby each person had a laminated card with their name and photograph. Staff would then take the medicines and the card to the person wherever they were in the home. Once the medicines had been given, the staff member then signed for them and turned the card over. This simple measure prevented staff from forgetting who the medicines were for, and showed at a glance who had not yet had their medicines. The staff confirmed that the method made dispensing medicines much easier and safer.

Staff were trained in the safe administration of medicines and had their competency assessed on a regular basis. Audits of medicines were carried out regularly and these were effective in identifying issues. Records showed that nursing staff were proactive in identifying medicines errors and they told us that this was because the management were supportive and encouraged openness.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and given opportunities to develop new skills and achieve qualifications. One person told us, "They (staff) know what they are doing. They understand my illness." Staff told us about the wide range of training provided for them. Staff also had training relating to the specific needs of people who used the service. For example, supporting people who lived with specific mental health issues such as Bipolar Disorder and Schizophrenia. Ancillary staff, such as those in catering and domestic roles, also had access to the same training relating to people's support needs. One ancillary staff member told us, "I learn the same as the care staff. This is important because I spend time with the residents and need to know how to support them." They also told us, "We have had training about how our attitudes and behaviour towards people can be a problem. I never thought of that before. It really made me thing about how I am seen by others." The provider had invested in the ongoing professional development of all staff. For example, the senior staff had been supported to achieve higher level management qualifications.

People were supported by staff who had regular supervision and support. Staff told us they felt supported at all times. They told us that the manager had an open door so they could talk at any time. One staff member commented, "All the senior staff are there for us. We don't wait for supervisions." Another staff member said, "Because the manager and deputy works with us all the time, they see any issues and we always talk things through there and then. We are all a team together."

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.

We saw that people were supported to make decisions and direct their own lives. People we spoke with told us they were supported to make choices. They said that they were provided with information to enable informed choice. For example, one person said, "I can go out when and where I want. It is only right that I let the staff know so they don't worry about me."

The staff team at Weston House worked constantly to maximise people's ability to make their own decisions. They worked closely with people and external professionals to assess capacity and develop clear guidance on how best to involve people in making their own decisions. The registered manager told us, "The goal is always to support and enable each person to retain control and independence and ensure their safety and well-being. Staff had a good knowledge of the MCA, and were able to tell us about people's capacity levels. People were supported to be involved in their mental capacity assessments. Other relevant people, such as their family members, where appropriate, were also involved. We saw that factors such as the best time of day for the person's ability to make decisions were taken into account when making decisions. This enabled the person to understand and make better choices. One staff member told us, "[Person's name] has fluctuating capacity. For this reason we always have discussions with them about what

they understand about the decisions they are making. As a result, they are able to live their life as they want most of the time." We saw that this person also received regular support from the community mental health team due to a recent deterioration in their mental health condition. The community mental health professional told us, "This person is receiving high levels of support and care from the staff team. We are very pleased with their progress."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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. The management and staff team had a very good understanding of DoLS and had made applications where appropriate to ensure that people were not being deprived of their liberty unlawfully. People's support plans contained specific information about any restrictions placed upon people and as far as possible people were informed about DoLS. The staff we spoke with were able to tell us who had DoLS in place. They also knew what restrictions were in place within the DoLS authorisation. The staff were able to tell us how they worked with the person to honour those restrictions. The management team and their staff were committed to ensuring that people were supported in the least restrictive way possible

People's nutritional needs were assessed regularly. Where people had risks associated with eating and drinking there was clear guidance in their support plans. Advice had been sought from external health professionals and staff had a good knowledge of how to support people safely. For example, one person was at risk of poor health due to wanting to eat excessively, and bought many high calorie items in the shops. The staff team had worked with the person and mental health professionals to provide support and guidance for the person to follow when out shopping. The information had been incorporated into a clear support plan and staff had a good knowledge of the agreed guidance. We saw that the person varied in their level of compliance with the agreed plan. The registered manager said that they continued to work with the person to support them to eat more healthily.

People and their relatives told us that people received effective support with their health. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. Because most people at Weston House were living with complex mental health needs, there was a need for a very high level of collaboration between the staff at the home and the mental health team. We saw, and were told, that the professional relationship between the two services was very strong. Two healthcare professionals told us they had excellent links with the service. One said, "They (staff) provide both a proactive and reactive service to meet the ever changing needs of the patients they work with." They went on to explain, "Sometimes people may suddenly have an episode of ill-being which could not have been foreseen. The staff are able to de-escalate situations effectively." The second told us, "There is a very high level of partnership working and trust between us and the team at Weston House."

In addition, people were supported to attend health screening appointments with the NHS, dentist, chiropody and GP services as required.

Outstanding ☆

Is the service caring?

Our findings

Throughout our visit, we saw staff were attentive to the needs of all people. We saw that they supported people in a caring, friendly and respectful way. We saw that people were encouraged to talk through things that were bothering them. For example, we heard one person tell the staff member that they had a headache. They discussed with the staff member why this may have happened as it was unusual for them. After talking it through, the person decided to go and have some fresh air. The staff member supported them to go outside and brought them a cool drink. We saw that this interaction was kind and thoughtful towards the person which reassured them that they were alright.

People told us that the staff team cared for them well. One person told us, "This is my home, the staff are lovely, we get on very well." They went on to say, "They (staff) help me to go shopping and go on holiday to Blackpool. I chose Blackpool because they have good shops." Another person said, "The staff know me well. They know what makes me tick. I trust them." One relative we spoke with was very complimentary about the staff team. They said, "[Family member] couldn't be cared for any better. It is their home and they are very happy there." They also said, "The staff couldn't be nicer. They show great affection for [family member] and they like that."

People were encouraged to be involved and give feedback about the service it provided. The service encouraged feedback about the service provided for people. One relative commented, "Weston House is an excellent home for my family member. The staff are brilliant, very welcoming, 100%. A happy place for all." Another wrote, "There should be more places like Weston House. They have shown such care and love to my [family member]."

Weston House had a person-centred culture focused on the promotion of people's rights to make choices and live a fulfilled life, as independently as possible. We observed some excellent practice was in place to support people. We saw that the staff team at Weston House were innovative and proactive in supporting people through difficult periods in their life. They provided thoughtful and sensitive support which people responded to well. For example, one person we spoke with was recovering from a bout of ill-health which had necessitated a period in hospital. They told us that they had confidence in the staff team to help them to get better. They said, "When I am not well, I need the staff to help me and keep me safe. They are always good to me, even when I am not good to them. They never judge me." Talking specifically about this person, a healthcare professional told us, "We have no concerns about the care provided at Weston House. The staff team are extremely motivated. They always go the extra mile to make sure people are supported well. They look at every angle of support for people who are in crisis. They never give up on anyone." They continued, "[Person's name] was only able to return from hospital because we had much confidence and trust in the staff team. We were confident that the staff would be able to support their emotional and behavioural needs as they recovered."

Another healthcare professional told us, "The staff team always see the little things that are so important to people's identity, the personal things that make us who we are. This may be something as small as a favourite cup or a specific jumper. It may not sound much but for the people who live there, these things can

make all the difference to their well-being. It is their (staff's) ability to acknowledge and respect each individual's personality and support them to be themselves which we are very impressed with."

Other staff members we spoke with talked with great pride about their roles and the people they supported. One staff member said, "We recognise people's personal idiosyncrasies and personalities. We have been supported to learn to recognise the little changes in people which may be a trigger point for them being upset. This helps us to support the person to be less upset." Another staff member told us, "We have all been trained to be Dementia Friends. The best part of the training was to understand how our actions can affect people. I did not know these things before. Turning it round from 'their behaviour' to 'our behaviour' has helped me to have more respect and understanding of people."

People were treated with dignity and their right to privacy was respected. One person told us that they felt staff had their best interests at heart. They said, "I feel happy and content here. That is because the staff care about me. I love them all." Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. People were provided with keys to their rooms and were able to lock their doors at any time. The registered manager had introduced the Dignity Challenge to the staff and people. The Dignity Challenge describes 10 values and actions that high quality services that respect people's dignity should follow at all times.

Some people living at the home were not in regular touch with their families. Where the person wished, staff assisted the people to forge new relationships with relatives. People were supported to go out to meet relatives if required. In addition, relatives and friends were always made welcome at the home. For example, one family friend said, "The staff help [person] to go out with family. They would not be able to do it without them." We saw that the staff team had also arranged for one person's mother to come and stay at Weston House for Christmas. They had not been together for many Christmases and the person had always wanted this to happen. They helped the person to buy a special present and provided personal space for them to be together. At the time, the person said they were "over the moon."

People were encouraged to maintain control over their lives and daily activities. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak for themselves and be supported to make their own decisions. The registered manager told us that a number of people who used the service had been supported by an independent advocate. We also observed that there was information about advocacy displayed in communal areas of the service. We spoke with an Independent Mental Health Advocate (IMCA) who supported people in the home. They expressed the view that people were extremely well supported and encouraged to make choices in their lives. They said, "The support for people is very good. They [people] are always enabled to meet privately with me if they wish. The staff team are open and transparent and supportive of me in my role. We are always made welcome and part of the support team." One person had retained the services of their advocate for many years. They had developed a trusting relationship which helped to enhance the person's life.

We also received feedback from a social care professional who told us, "The staff team are extremely skilled and have consistently demonstrated an ability to engage people in a meaningful way which has had a significant positive impact upon both quality of life and the need for acute hospital admissions."

Outstanding ☆

Is the service responsive?

Our findings

We saw that people's care and support was personal to them. People were supported by a staff team who promoted independence and a good quality of life. We saw that people were involved in the writing and updating of their support plans and risk assessments. They were encouraged to be involved in conversations with their mental health caseworkers and staff when their needs were being assessed. One person told us, "They (staff and caseworkers) listen to me. I know what I want most of the time. They respect me." People's care records were person centred and contained detailed information about what was important to them, their life history and their daily routines.

The service was flexible and responsive to people's individual needs. The staff team constantly looked for creative ways to support people to reach their potential and do things they had previously found challenging. For example, one person had been very resistant to anyone supporting them with personal hygiene before they came to live at Weston House. The staff team had tried different approaches and different staff to support the person to recognise that they needed to bathe and wash their hair. The staff's kind and flexible approach to the person's needs took some weeks, but eventually the connection was made. As a result, the person now enjoyed having baths and was able to bath independently. We spoke with this person who had just been bathing. They told us, "I enjoy having my bath. I have lots of bubbles." They were happy and content as they chatted to us.

A healthcare professional who supported people in the home said, "The staff group has been developed over time to be a team who are focussed on each person's rehabilitation and well-being. They leave no stone unturned to find out how they can respond to people's needs and support them well." A senior healthcare professional said that the reputation of the home was one which celebrated diversity. They said, "The Weston House team embrace supporting people who may be considered different to the outside world, and who bring their own challenges with them. We have every confidence in the team to bring out the best in people they support." They continued, "We also know that, if the senior staff team tell us they need our input, then we attend straight away. This is a measure of the trust we have in the service."

The staff team were very responsive to people's social needs. People were supported to have active lives and to take part in opportunities that were meaningful to them. This included participating in activities and hobbies in the local community, as well as some domestic tasks within the home. People told us that they were supported to go to vote in local and national elections. One person said, "I always vote. It is important." People were encouraged to decide what things they were going to do each day. There was a programme of activities for each day of the week including evenings. This included in house and community activities. People were able to join in competitions where they won certificates and rosettes. We saw that people had become competitive with each other and enjoyed getting the prizes. One person said, "There is always lots to do. We also get together to do things, such as playing bingo and quizzes for prizes. I enjoy it very much." Another person told us, "We like to go out for the day, sometimes a few of us, sometimes on our own. The staff help us to do these things." Relatives we spoke with told us that they always felt welcome in the home. One said, "We are always encouraged to join in any activities when we are visiting [family member]. We always get involved."

In addition to the provision of the competitive events, people were also supported to access their own personal preferred pastimes. One person would not attend the local football team's games, even though they were big supporters. This was because the person would not go alone as they were nervous. A staff member now went with them as fellow football supporters. The person told us, "We have a great time at the game."

We spoke with one person who was in charge of the home's monthly newsletter. They told us that they designed and set out the format of the newsletter, and printed the copies. They said, "I have a free rein to put in what I want to. I am the editor of the newsletter." The newsletter also contained quotes and diary entries from people who had taken part in the quizzes, and photographs of them celebrating. One person had written, "I try to stay awake all day so I can do the activities at night."

People's care was planned proactively and in partnership with them. One staff member said, "My job is all about the people. We are here to help them be who they want to be." We help them to 'dance to their own beat' and live their own lives." For example, the staff member told us about one person who liked to travel out of the area. This meant that they did not always return home the same day. Previously, this had caused problems which included the police being involved in finding them. Following discussions with the person, they had been provided with a mobile phone containing the home's telephone number and other useful numbers. The registered manager ensured the phone was kept topped up so they always had credit. This enabled the person to let the staff know if they had decided to stay out, or to call if they were worried and needed advice. As a result of this, the person could go out and about as they wished.

People and relatives were encouraged to be involved in how the service was run. There were meetings for people and relatives where they could discuss what it was like to live at the service, and anything they would like to happen. We saw minutes of meetings where action points were made to address concerns or new ideas. For example, people had said that they wanted more day trips out in the summer. We saw that this had been addressed and a variety of trips were being undertaken.

People and their relatives said they were confident if they raised any concerns, or made any complaints these would be addressed. However, none of the people or relatives we spoke with had needed to make any complaints about the care provided. Two people told us that they would tell the staff if they had a problem. Another person said, "The manager would sort anything out. I never worry about things." One relative said, "I have had no cause to complain." Another relative said, "I have nothing to complain about. They couldn't be better."

We did see, however, that the registered manager had taken steps to change the GP's attending the home for a different practice. They told us, "Although nobody had made an actual complaint, we were not happy with the attitude of the GPs we had then. People did not respond well to them and staff were not comfortable with contacting them. We discussed the issue with everyone concerned and agreed to look at getting a better doctor. The staff team confirmed that they now enjoyed a good, collaborative relationship with the new practice.

Outstanding ☆

Is the service well-led?

Our findings

We saw that people were encouraged and supported to lead as fulfilling a life as possible. People were supported to understand and overcome difficulties in their mental and physical well-being. We saw that a committed, motivated and enthusiastic staff team was employed. They were led by a management team who gave the staff the confidence to support each person in the way they wanted to be supported.

One of the main aims of the service was to, 'enable people to live their lives as they wish with the highest levels of well-being.' The service had an open and transparent culture, with clear values and vision for providing high quality care and support for people. During our visit, staff were kind, open and helpful towards people. They demonstrated detailed knowledge of people's care needs to enable them to lead their lives the way they wanted. Staff understood their roles and responsibilities and the high standards that were expected of them. Their actions demonstrated they were trained and supported to provide care that was in accordance with the provider's clear aims and values.

People and relatives told us that the service was very well-led. All people, relatives, staff and health professionals, without exception, spoke very highly of the registered manager. One person said, "I would always talk to [registered manager's name]. They are in charge and they do it good." One relative said, "The manager is brilliant. I trust them 100% to look after my relative. Nothing is too much trouble." Another relative said, "They saved [person's name]. They couldn't do anything for themselves before they went to Weston House. Now they can go out and enjoy life again."

Staff felt that the registered manager was extremely supportive of them. One staff member said, "[Registered manager's name] is very approachable and amazing with residents and staff. I feel honoured to work alongside them." Another staff member told us, "The manager is a very competent person, very approachable and understanding of everything happening here. I enjoy working with them."

We saw how the registered manager respected the whole staff team and encouraged them to be fully involved in the running of the home. For example, when a potential problem with safe administering of medicines was reported, the registered manager involved everyone who administered medicines in finding a solution.

Many staff had worked at Weston House for a number of years. The senior staff team was developed by the internal promotion of staff members. They were supported to undertake enhanced training to be able to fulfil the requirements of their roles, including management training. One staff member said, "When I was offered the chance to be promoted I was so happy. [Registered manager's name] believes in us and gives us the confidence to improve all the time." The registered manager also told us that they wanted the staff to be confident in running the home in their absence. They said, "I feel the sign of a good manager is how the place runs when they are not there. I have massive respect for and confidence in my whole team."

We saw that the registered manager had worked to develop really effective working partnerships with external health and social care professionals in meeting people's changing needs. Because they provided

personal care without nursing, the staff team worked on a daily basis with the mental health teams. We spoke with some of these professionals who told us they had much confidence in the whole staff team, especially the registered manager.

The registered manager and senior staff team actively sought up to date guidance from the mental health team to ensure they were providing the best care possible. The registered manager also researched specific mental health conditions online to support staff as they provided care to people similarly affected. As a team, they accessed as much training as possible from the local training providers. The registered manager told us, "We never stop learning. Even if two people have the same condition, it does not mean that they deal with it the same way." We also saw that the provider had engaged the services of a registered mental nurse (RMN) within the company management structure to provide support to the team at Weston House.

One healthcare professional told us that the registered manager was the driving force behind the very high standards and values. They said, "Weston House is one of our key providers. [Registered manager] is very passionate about supporting the people who live at the home. Their boundless enthusiasm for all aspects of care and support for people filters down to all the staff. The staff team know the people inside out. All staff are motivated and confident in their own abilities. This is because their manager believes in them and supports them 100%."

The independent mental health advocate who supported people in the home told us that the manager was excellent. They said, "[Registered manager's name] has a 'can do attitude' which filters down through the staff. They [registered manager] are the mainstay of an excellent service."

One healthcare professional told us, "The staff team are very 'recovery focussed' and support people to maximise opportunities." They continued, "This comes from the manager. The manager is extremely committed and this is reflected in the staff team. They are absolutely great."

A healthcare professional said, "The manager and staff team are always proactive in looking for ways to support people. I know that the team at Weston House keep people with complex needs out of hospital because nothing is impossible for them. They always find a way to support people." In addition, the team told us that people who have had to be admitted to hospital were able to be discharged sooner to Weston House. They said, "The registered manager attends the ward rounds when people are in hospital. This is very welcome to us because of the in-depth knowledge they have about the service user. Their presence also reassures the service user because they trust [registered manager] to be their advocate. We are able to discharge people home quicker because of the high levels of confidence the whole team has in the ability of the staff to support them well."

The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

There were effective systems in place to monitor all aspects of the support people received. The registered manager conducted audits regularly and there was continual oversight by the provider. These had assessed

areas such as hospital admissions, the cleanliness and safety of the environment, the content of people's care records and the management of people's medicines. The registered manager was in the home each day. They spent time with people on a daily basis and worked with the staff team. This enabled them to observe staff practices and monitor the environment.

The registered manager had put systems in place to analyse and minimise the risks to people of receiving unsafe care and support. We saw that accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's support. Documents included an outline of how accidents occurred, what actions were undertaken and a plan to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded.