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# Marsh House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Marsh House is a care home that provides accommodation and personal care for up to six people who have a learning disability or are living with a mental health illness. There were four people in the service when we inspected on 25 August 2016. This was an unannounced inspection.

There was a registered manager in post. The manager was also the provider of the service. 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 at the heart of the service and there was a positive, inclusive and open culture. The ethos of care was person-centred and valued each person as an individual. People were consistently treated with kindness, dignity, respect and understanding.

People, relatives and healthcare professionals gave consistently positive feedback about the staff and management team. People received person centred care from staff who had an in-depth knowledge and understanding of each person, about their life and what mattered to them. There were sufficient numbers of staff to meet people's needs and recruitment processes checked the suitability of staff to work in the service.

Care plans were unique, person centred and reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

People, relatives, staff and healthcare professionals expressed high levels of confidence in the leadership of the service. The registered manager encouraged a multidisciplinary approach to people's care and support, with a continued and strong involvement from a range of healthcare professionals and people important to them. Staff were encouraged to be involved all aspects of people's care which helped to promote a positive culture within the service and ensured staff were always aware of people's current needs.

People were empowered to have choice, independence and control. The continued review of people's support needs by all those involved in the delivery of their care showed that the service was continually striving to improve on the support they provided, in order to enhance people's quality of life. The result of this was that people and their relatives could be reassured that they were receiving responsive and effective care which was always provided with compassion, dignity and respect.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Staff knew how to minimise risks and provide people with safe care. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were

confident that any concerns would be listened and responded to.

People were provided with their medicines when they needed them and in a safe manner. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

Staff understood the importance of gaining people's consent to the support they were providing. The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Lack of capacity to make decisions was not assumed and was continually reviewed.

## 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.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

Staff understood the importance of gaining people's consent to the support they were providing. Lack of capacity to make decisions was not assumed and was continually reviewed.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported by a staff team who worked closely with a wide range of healthcare professionals to ensure a proactive and holistic approach to all aspects of their care.

### Is the service caring?

Good ●

The service was caring.

People, relatives and healthcare professionals gave consistently positive feedback about the staff and management team.

The ethos of care was person-centred and valued each person as an individual. People were consistently treated with kindness,

dignity, respect and understanding.

Staff had an in-depth knowledge and understanding of people which meant their individual needs and preferences were fully met.

People mattered. They were supported to have choice, independence and control. They were listened to and supported to express their views and make decisions, which staff acted on.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

Staff were aware of the importance of physical and mental stimulation, social contact and companionship and supported people to access a range of activities.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well led.

People were at the heart of the service and there was a positive, inclusive and open culture.

Staff were encouraged and supported to work effectively with people, relatives, and other professionals.

The service provided a consistently high quality of care. Staff worked together as a team to support people.

People, relatives and healthcare professionals expressed high levels of confidence in the leadership of the service.

# Marsh 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.

This unannounced inspection took place on 25 August 2016 and was carried out by one inspector. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager and three other members of care staff.

We spoke with four people who used the service, two relatives and four health care professionals who visit the service. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

# Is the service safe?

## Our findings

People presented as relaxed and at ease in their surroundings and with the staff. A person told us, "It's cosy and comfortable." Another person said, "Yes," they did feel safe. A relative commented, "The service appears very safe and secure. I am extremely happy with Marsh House for [person] and feel [person] is in safe and caring hands."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure that people were protected from abuse. Details of how to report concerns was displayed in the service and staff members we spoke with demonstrated that they were aware of the procedures they should follow if they were concerned that people may be at risk.

Care records included detailed risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, support required for a person at risk of choking when eating and how to manage risks associated with behaviours which may challenge when being supported in the community outside of the service. These risk assessments were regularly reviewed and updated. A relative told us, "If [person] is anxious and they are unsure of [person's] behaviour [they] won't travel on public transport but by taxi instead." This showed that the risk assessments in place were followed by staff in order to protect people and others from the risk of harm.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary.

There was an established staff team in place with sufficient numbers to provide the support required to meet people's needs. A healthcare professional told us, "I've never had a concern that there is not appropriate staff on duty and there are staff of high calibre." People's needs had been assessed and staffing hours were allocated to meet their requirements. Throughout our inspection we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff and records seen confirmed there were enough staff to meet people's needs. However, one staff member said that they did feel that they were sometimes, "Pushed," to cover shifts and had to work long hours. We discussed this with the registered manager who told us that they were in the process of restructuring the shift patterns in order to address this issue. Other staff confirmed this to be the case and were happy with the new arrangements which were planned.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. Medicines administration records (MAR) identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. Designated shift leaders were responsible for the administration of medicines and they had been trained to administer them safely. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on

Protocols were in place for medicine prescribed to be taken 'as and when required' (PRN) to guide staff as to how and when these should be administered. There was clear guidance for staff in people's Positive Behaviour Plans to show what actions they should take before considering giving PRN medicines to people when they became distressed. The use of these medicines was closely monitored and records showed that relevant healthcare professionals were consulted if it was felt a review was needed. The registered manager confirmed, "I don't like to wait three or six months for review. We will guide the medical staff. I have a commitment to get people off medication wherever I can." This demonstrated that there was a strong emphasis on finding alternative ways to support people with behaviours that may challenge others. The reduction of these types of medicines was promoted in order to reduce the risk of side effects and enhance people's quality of life.

## Is the service effective?

### Our findings

Staff were provided with the training they needed to meet people's needs and preferences effectively. They told us that they felt supported in their role and had regular one to one supervision where they could talk through any issues, seek advice and receive feedback about their work practice. Staff had received training in specific health conditions relevant to the needs of the people they were supporting, for example epilepsy and positive behaviour support. We saw that this training was effective in meeting people's needs. For example, a healthcare professional who knew people at the service had been involved in delivering positive behaviour training which was tailored specifically to individual's needs. Another healthcare professional confirmed, "Staff have had input to behavioural support teams. It's been a learning curve...staff have been able to pinpoint triggers." This showed that staff had engaged with the training provided and used what they had learnt to implement new ways of working which had had positive outcomes for the people they were supporting.

New members of staff were completing the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their work. This demonstrated that there was a support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

Staff told us and records confirmed that effective communication played an important part in the provision of care and support so that staff were always aware of people's current needs. A member of staff told us, "There is very good communication amongst the staff team." Another said, "I try to share my knowledge with them [other staff] about [person]. They do the same for me about other service users." This showed that staff were aware of the need to share their understanding of people to ensure that they were being supported appropriately in line with their wishes and preferences.

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 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 registered manager told us that relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

For one person with a DoLS in place the staff were in the process of reviewing whether this was still required. The re-ablement support they had provided for the person meant that they were reaching a point where they had capacity to decide for themselves whether they wished to leave the service unattended. A health care professional visited this person on the day of our inspection and discussed the DoLS with them. This demonstrated that staff were proactive in supporting and encouraging people to regain their independence wherever possible and included people in decisions relating to the safeguards in place to protect them.

We observed that staff sought people's consent and acted in accordance with their wishes. A healthcare professional told us, "Communication with service users is excellent...supportive and appropriate without being condescending." Care plans identified people's capacity to make decisions. Where people did not have the capacity to consent to care and treatment, people's representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Records showed that guidance and support had been sought from relevant professionals to ensure that all people's dietary needs were being met. We observed that people were encouraged to drink plenty of fluids throughout the day. One person said, "I love my drink," and told us how staff supported them to drink an appropriate amount each day. This showed that staff were aware of people's individual needs and knew when they needed additional support.

People were involved in deciding what they would like to eat and drink. A member of staff explained, "One service user will pick per day. If they change their mind at the last minute that's fine." One person told us, "We don't always eat here, sometimes we go somewhere else...there is a choice. I had a nice chicken curry yesterday." Another member of staff commented, "They eat very well here. It's good quality, they [provider] never argue about how much we spend [on food]. We vary the menu a lot." A person told us how they got involved with the meals and said, "I help with food shopping. We do a menu."

At meal times there were sufficient staff to give support to those who needed it. We observed a person happily using a prompt sheet which had been developed for them as a reminder that they needed to properly chew their food to minimise the risk of them choking. The associated risk assessment in their care plan indicated that a member of staff was to be with them at meal times and we saw that they were never left unattended whilst eating. This demonstrated that staff were aware that a potential risk had been identified and followed the guidance given in the person's care records to ensure they were not at risk of harm.

People had access to health care services and received ongoing health care support where required. Records showed and staff confirmed that strong relationships had been built with a wide range of healthcare professionals such as community psychiatric nurses, speech and language therapy team, occupational therapist and complex behaviour team.

There was a strong emphasis on a multidisciplinary approach which the registered manager told us was, "Driven by presentation of need." A healthcare professional told us, "I have always had a positive impression of the management and staff group, they were always very receptive to advice or information and were keen to understand more about the resident and how best to support [them]. They were also very pro-active in implementing recommendations, and took the initiative to put new strategies in place quickly. I always felt that they had the resident's best interests in mind and were really concerned about trying to make [person's] life better. They frequently consulted over new difficulties that arose with the resident."

Staff were able to demonstrate their input and how they had put into practice the initiatives which had been developed as a result of working closely with other agencies involved in people's care. For example, they had recognised that one person closely studied photographs of people close to them. By working together with the community psychiatric nurse supporting the person they had developed picture cue cards to enable them to feel safe and secure when visiting their family home. A healthcare professional said of the staff team, "They take suggestions on board. They question things. It wouldn't have worked without their support." This showed that there was a culture within the service which encouraged staff to question practice and work together with specialists to ensure positive outcomes for people. This was achieved by continually reassessing people's needs and adjusting their support accordingly in line with the professional advice they received.

## Is the service caring?

### Our findings

The atmosphere within the service was relaxed and welcoming. A person told us, "I get on well with the staff I like sharing my life with people." Another person commented, "I'm happy." A healthcare professional told us the service was, "Homely, friendly," with a, "Very supportive staff team...one of the best homes."

People were very positive and complimentary about the care they received. A person told us that the staff were, "Very good, very nice." A relative commented that they were, "Extremely pleased with Marsh House. The staff have been very supportive towards [person] and myself. [Person] certainly seems very happy." A healthcare professional told us, "Having worked on and off with Marsh House for a couple of years, I have found that they offer an exemplary service for both the service user, professionals and visitors. They are client focussed and have excellent results with some very complex people."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. For example, we saw how throughout the day staff spoke calmly and gently with a person who was becoming unsettled at times. They helped the person with activities and tasks they knew they enjoyed and we saw that this helped the person to relax and interact with staff and others around them.

Staff had an in-depth knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. A member of staff gave an example, "[Person] likes to be called 'good man,' [other person] likes to be called 'good chap.' It's important not to get it muddled up." A person told us, "They [staff] know things I like, things I don't like." Staff talked about people in an affectionate and compassionate manner and were caring and respectful. A member of staff commented, "We have an amazing bunch of service users. They are all so different. They all bring something else to the home." This demonstrated that the ethos of care was person-centred and valued each person as an individual.

Care plans documented people's likes and dislikes and preferences about how they wanted to be supported and cared for. Records showed that people had been involved with discussing their care and support needs. People met regularly with their keyworkers to discuss their care. A member of staff told us, "Keyworkers are really important. We work together [with the person] on a weekly basis." A person confirmed that, "Sometimes they do." When asked if staff discussed their care plan with them. A healthcare professional also confirmed, "They work in partnership. They get [person] involved."

People wherever possible were encouraged by staff to make decisions about their care, support and daily routines. A person told us about how they enjoyed having a shower and said, "I can have it whenever I like." People's choices were respected by the staff and acted on. For example, we heard staff discussing a hairdressing appointment for a person. They established when the hairdresser could come then went to check with person before confirming the appointment. This demonstrated that staff were guided by the wishes of the people they were supporting and encouraged people to have independence and control.

Staff were skilled at helping people to express their views. A member of staff told us how it could be difficult for some people to make decisions so they supported them to do this by giving them a choice in a way they

would understand. For example, by using pictures or explaining what the options were. People had been given the opportunity to have a say about how their bedrooms were decorated. Bedrooms were personalised and full of things which were important to each individual. One person told us, "I have good stuff in my bedroom." A healthcare professional commented, "I like the space and individuality." This showed that people's views were considered important and were acted on.

Where people did not have capacity to make decisions for themselves we saw that relatives had been involved where appropriate and were invited to meetings to discuss people's care. Records for one person showed that an independent advocate had been appointed in order to ensure that the service was working in their best interests. A representative from the advocacy service confirmed that they continued to be very much involved with supporting the person and commented, "[Deputy manager] doesn't hesitate to let you know things...she's been on the phone today." This enabled people to have a stronger voice and supported them to have as much control as possible over their lives.

Staff promoted people's independence by being aware of their capabilities and encouraged people to do things for themselves, giving support where needed. One person told us, "I'm working at [local shop] this afternoon." They were very proud of this achievement and explained how staff supported them to do this. Another person was being supported to put together a Curriculum Vitae (CV) to enable them to find employment. A member of staff told us, "Every day [person] will make [their] own lunch. Whatever [person] does around the house can go on [their] CV." This demonstrated that people were supported to gain life skills and experience and encouraged to get involved within the local community. This added to people's sense of self-worth and achievement.

One person was being supported with the aim that they would be able to eventually move to a supported living service. Staff encouraged this person to take responsibility for some of their own finances by helping them to manage a daily allowance. A health care professional told us, "It is a really good service and the staff work extremely hard to promote the client's choice, increase independence and support them as much as they can. People were able to decide what they would like to do throughout the day and where they wished to be. A member of staff commented, "It's wonderful. There is no restriction."

People's privacy and dignity was promoted and respected. Staff were mindful of how they could support people to preserve their own dignity. For example, one member of staff talked about how they assisted a person with elements of their personal care. They told us, "I say 'tell me what I need to do and I will do it.' It's important that they feel they are in control." We saw a person access their bedroom using their own keycode which meant they were able to come and go freely within the service but still maintain their privacy by locking their door. This demonstrated that staff recognised the importance of privacy and dignity as core values in the service and worked together with people to promote them.

## Is the service responsive?

### Our findings

People and their relatives told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A relative said, "Here [person] gets the support [they] need. They are looking out for [person.]" A healthcare professional told us, "It's been good for [person] they've been able to provide continuity of care. As a team we have been able to look at the fine detail of what affects [person]. The staff have been, absolutely proactive. They pulled in all the professionals they felt they needed. Even when in [hospital] staff supported [person]. Communication is really good."

Staff, healthcare professionals and families told us about their recent notable successes in responding to people's needs. A member of staff told us the impact the person centred approach had had for one person and their family and gave the example, "[Person] gets a lot more support here, previously [person] used to be very aggressive on the phone to a member of [their] family but now they have a good conversation. A family member expressed how the service had worked proactively to find a solution to their relatives complex support needs. They told us, [Person] and staff needed to adjust after the care in [persons] last home broke down. [Registered manager] and [their] staff have done their utmost to keep [person] at Marsh House. A health care professional commented on the exceptional care and understanding shown to one person and said, "Support provided for [person] has been life changing."

Feedback received from all the healthcare professionals we spoke with was overwhelmingly positive. All were keen to express the high levels of care and support provided by the service. One said that they were, "Very happy with the level of service, professionalism and positive approach to individual person centred care." Relatives gave positive feedback about the way support was provided and one told us, "I cannot fault their service for efficiency, caring, support towards [person] and myself."

Assessments which had been carried out prior to people moving into the service had involved several visits to the person to ascertain whether their support needs could be met. Other healthcare agencies involved in people's care had also been consulted. Where possible, the person would also visit the service before moving in so that they could see for themselves whether they liked it and so it would be familiar to them once they came to live there. For one person, photographs had been taken of them in all the key areas of the service during their visit, including their new bedroom. This meant that they had a greater understanding of their new home and felt more settled when moving in. The registered manager told us, "It's important to see how the person's dynamic will affect their peers, see whether they are suitable for the service." This demonstrated that the views and needs of all people living at the service were considered before arrangements were made for a new person to move into their home.

Staff were knowledgeable about people and communicated with each other to pass on any changes in people's individual needs. Daily notes for each person contained details regarding daily routine and activities, what people had to eat and drink and details about their physical health. As well as this, it was also recorded how people were feeling and details about their general well-being. For one person it had been identified that it was important to them that their daily routine was planned and ordered so that they felt secure in knowing what to expect each day. Staff had worked together with healthcare professionals to

ensure the person's care records accurately reflected their needs. A scatter plot chart had been developed to keep track of what the person was doing throughout the day to enable staff and others supporting the person to see whether there was any pattern forming at times when the person was unsettled or distressed. The professional involved told us that, "This was implemented by this team. They introduced it themselves." They explained how useful this tool had been in understanding how best to support this person. This meant the staff had high levels of understanding regarding the specific needs of this person and continued to explore ways in which they could help this person to live a fulfilled life.

Staff were aware of potential triggers which could cause people distress and understood what support was needed in these circumstances. Each person had a Positive Behavioural Support plan which gave clear guidance regarding potential triggers of behaviour which may be challenging, early warning signs for staff to observe and strategies to enable staff to support people in a way which may prevent behaviour occurring. The plans also included clear guidance for staff to know how best to support people if their behaviour became challenging and how they could best provide care and reassurance to people after this had occurred. Staff were continually reassessing people's support plans to develop the most effective way of supporting people. A healthcare professional explained, "Staff were writing down when [person] was upset to identify triggers. They took the lead. They identified things that are important to [person.] Together, we worked as a team to make sure [person] had these." This demonstrated that there was a strong emphasis on working together to promote all aspects of people's well-being.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. All aspects of people's physical, emotional and social needs were considered and keyworkers reviewed the care plan documents with them each month. Each person had an All About Me document which gave details of people's needs and views, expectations, strengths, abilities and preferences, their understanding of their own health needs, mental health and well-being. Details were included relating to people's specific health conditions. For example, the care records of a person with epilepsy gave details about this condition to inform staff as well as a seizure management plan to ensure that staff were aware of the specific support needs of the individual and could monitor and review any changes. This showed that people could be reassured that any changes to their physical, social or mental health needs were identified and responded to.

People told us about how they spent their day. One person told us, "I go to [local park] and the fitness park. I do some walking as well. I went swimming yesterday." They explained how much they enjoyed taking part in these different activities and also added, "I see my family quite a bit." A member of staff commented, "Each service user has a different plan for the day. Each day we try to shuffle it about a bit." However, staff recognised the importance of routine for one person so they made sure they followed their daily plan. A range of different activities took place throughout the week, both in and out of the service and people were encouraged to interact together and with others. For one person this also included working regularly at a local store. A visitor commented to this person "You've got such a busy week," and explained to us how staff supported the person to lead the varied and active lifestyle which was important to them. This demonstrated that staff were aware of the importance of physical and mental stimulation, social contact and companionship and focussed on what was most important for individuals.

There was a complaints procedure in place which explained how people could raise a complaint. A person told us that if they had any concerns, "I've got to go to any of them." They told us that they felt happy to do this and felt that staff listened to what they had to say. The record of a complaint made by a person showed that their concerns had been taken seriously and appropriate action had been taken to rectify the problem. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

People were encouraged to voice their opinion and surveys had been produced in a format which enabled them to understand what questions they were being asked and assist them to respond. Families and healthcare professionals were also consulted with frequently and encouraged to provide feedback. One healthcare professional told us, "Case notes have greatly improved. More detail is now included. They took suggestions on board. They jumped on it straight away and made changes." A relative had previously raised concerns that a person's care plan was not always being fully read and commented, "This only occurred a few times, they were minor issues and these were quickly rectified." This showed that feedback was used as an opportunity to learn and improve the service.

## Is the service well-led?

### Our findings

People were at the heart of the service and there was a positive, inclusive and open culture. The management team and staff were committed in their holistic approach to providing people's care and support. One healthcare professional described them as being, "Very supportive and open to new ideas." Another said, "They are very proactive, they think outside the box."

This care extended to supporting those close to the person and staff demonstrated empathy and understanding in their approach. A relative told us, "[Registered manager] and [their] staff are very responsive to any concerns or worries I may have and the home appears very well led."

The whole staff team understood and shared the culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. A member of staff told us how they felt about the positive atmosphere in the service and explained, "It's our home for the day." This was reflected in the genuine interest and warmth shown by staff towards the people they were supporting.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Records showed and staff told us that they had regular supervisions which enabled the management team to set clear expectations about standards and gave staff the opportunity to discuss issues openly and develop in their role. A member of staff told us, "There is a personal touch. [Registered manager] comes in, locks the door, generally chat about how you are doing. [Registered manager] makes sure [they] give you the time." Another member of staff said, "If I did have a problem I'd take it straight to [registered manager]." This demonstrated that staff were confident that they could raise any issues of concern and that these would be dealt with appropriately.

Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. A member of staff said, "It's good being able to ask questions, no one judges you." They also told us about a suggestion they had made regarding one element of a person's care, "[Registered manager] took what I said and instantly made it happen." They went on to explain the positive impact this had had for the person. This meant that staff felt valued and were motivated to drive continual improvement within the team.

The registered manager advocated a multidisciplinary approach to people's care and support, with a continued and strong involvement from a range of healthcare professionals and people important to them. Staff were encouraged to be involved all aspects of people's care which helped to promote a positive culture within the service and ensured staff were always aware of people's current needs.

The registered manager understood their roles and responsibilities in ensuring that the service provided care that met the regulatory standards. A healthcare professional commented, "[Registered manager] is on the ball. That's certainly been a bonus." The registered manager knew the people living in the service

extremely well and was actively involved in all elements in their care. They continually monitored and reviewed all aspects of the service provision; however this was not always formally recorded to evidence that this was taking place. The registered manager told us that they recognised the importance of a quality assurance system in order to identify shortfalls and to drive continuous improvement. They planned to implement a more structured and robust approach to their monitoring process as manager and provider to ensure that further opportunities for improvement were not missed.

People, their relatives and health care professionals were continually asked for feedback through surveys and both formal and informal meetings. Minutes of a meeting held with people living in the service showed that people had expressed an interest in going to the zoo. We saw that this trip had then been arranged and taken place. One person had suggested going to the local park once a week and they told us that they now regularly did this. This showed that people were empowered to voice their opinions and could be confident that they would be listened to and appropriate actions would be taken to improve the service.