Atlanta Healthcare Limited

Claxton 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 April 2016 and was unannounced.

Claxton House provides accommodation and personal care for up to 15 people with a learning disability or autistic spectrum disorder.

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

People were safe in the home. Risks to people were identified and well managed, this included risks associated with the environment and premises. Medicines were managed safely and administered when people required them. The service understood its role and responsibilities in order to protect people from abuse and took action when required. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns. The registered manager understood the importance of people's human rights and took action to protect these.

There were sufficient staff to meet people's needs, and staff had been recruited following safe recruitment practices. New staff received a comprehensive induction that supported them to carry out their role. All staff were provided with support and responsive training that met people's individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team were knowledgeable about the MCA and Dols and the service was following the legal requirements.

People were supported to maintain their health, this included supporting people to eat healthily and maintain a balanced diet. The service took action to ensure people received the health care they required.

People were supported by staff who cared for them and knew them as individuals. Staff took a lot of effort and put in time outside of their working hours to make sure that people living in the home felt loved and got the care and support they needed. Staff understood the importance of promoting people's independence, dignity, and respect. People's views about their care was sought and respected by staff. There were communication systems and aids in place that were individual to people's needs that supported people to express their views. This meant people had opportunities express their views and decisions.

The care provided was individual and responsive to people's needs. People and their relatives were involved in the planning and reviewing of their care. As a result of this people received the support in a way that they wanted.

Activities were varied and people were supported to participate in activities of their choice. The home was in a small rural village and was part of the village community.

There was a homely family atmosphere which helped the service to promote a person centred, inclusive and empowering culture. People and staff were involved in the service, their ideas and comments were listened to and actioned. Staff were positive about the management team and the support they provided. There were systems in place to monitor the quality of the service. The management team engaged with opportunities that helped develop the service and share good practice.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

Staff were recruited following safe recruitment practices and there was enough staff to meet people's needs.

Risks to people were identified and well managed, including risks from the environment and premises.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were provided with the right support and training to ensure they provided effective care that met people's individual needs.

The service was meeting the legal requirements set out under the MCA and Dols.

People were supported to maintain their health and access relevant health care professionals. People were supported to eat healthily and to maintain a balanced diet.

Is the service caring?

Outstanding

The service was very caring.

People were supported by staff who genuinely cared for them and understood the importance of promoting their independence, privacy and dignity. Staff went out of their way to ensure that people felt that they really mattered as an individual. Staff took a great deal of effort to ensure people received the care and support they needed.

The staff team had thought about a number of different individual ways to help people express themselves and ensure that their voices were heard.

Is the service responsive?

Good

The service was responsive.

People received care that was individual and responsive to their needs.

People were supported to participate in activities of their choosing.

The service provided people with opportunities to discuss concerns or issues.

Is the service well-led?

Good

The service was well led.

There was a positive family atmosphere in the home. Choice, equal opportunities, and individuality were embedded in the practice of the home.

People and staff felt listened to by the management team, who responded to their suggestions and comments.

There were systems in place to monitor the quality of care provided.

Claxton 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 inspection took place on 26 April 2016 and was unannounced. The inspection was carried out by one inspector and an expert-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.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with five people using the service and two relatives of people using the service. We also spoke with three support workers, one senior support worker and the registered manager. The deputy manager was not at the home on the day of the inspection, we spoke with them after the inspection visit by telephone. After the inspection visit we contacted two health and social care professionals for their views.

We looked at two people's care records, two staff recruitment files and staff training records. We checked the medicines records for two people. We looked at quality monitoring documents and accident and incident records. We saw records of compliments and complaints and minutes of staff and residents' meetings.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "All the staff are friendly, not cross." One person's relative said, "[Name] is very safe, no qualms about care or safety." Another relative told us, "Whenever we have visited all the residents look happy and come to talk to us."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. Staff we spoke with told us there was additional information and guidance for staff in the office. We looked at this and saw it provided comprehensive information for staff on adult safeguarding. This included numbers to call as well as a flow chart designed to help staff identify when to call the police. The senior support worker had attended an advanced course run by the local authority on managers' responsibilities in adult safeguarding. Through our conversation with them they demonstrated awareness of the home's role and responsibilities in safeguarding people. They told us the home took allegations of harm seriously and took action to work alongside other agencies in order to investigate and respond appropriately. They gave us an example that demonstrated this.

The registered manager demonstrated knowledge of, and a commitment to, people's human rights. They spoke passionately about ensuring that people living in the home had the same opportunities as other people. They gave us a positive example where they had challenged some discrimination and supported two people living in the home to develop a relationship of their choice. A member of staff told us the service, "Makes sure all the residents get equal opportunities."

Risks to people were identified and well managed. The records we looked at showed risk assessments were in place where required and reviewed regularly. For example, we saw people had risk assessments that covered topics such as behaviour that challenged themselves and others, continence care, being safe in the community, pain control, and self-neglect. The care plans showed detailed and clear guidance for staff on how to manage the risks identified.

Incidents and accidents were reported to the management team who analysed the event and the actions taken. We saw that actions were taken to investigate the incident as well as mitigate the likelihood of an incident happening again. For example, we saw staff had reported a red mark on a person's skin and queried if this was the start of a break down in the person's skin. The record showed that the person's doctor had been contacted to assess the mark and the record was updated to show the outcome and treatment prescribed.

Staff we spoke with were aware of the individual risks to people and how to manage these. Staff meeting minutes showed staff participated in discussions around managing individual risks to people. During our visit we observed staff following the guidance in the care plans. For example, one person's care plan identified they could become anxious about negative thoughts other people might have about them. It said this could increase the likelihood of behaviour that might challenge themselves or others. We saw this person began to demonstrate anxiety around this topic and staff were quick to provide reassurance and distraction to the person as detailed in their care plan. We saw this worked and helped prevent the person's

anxiety from increasing.

Records showed the risks to people from the premises were also managed. Regular up to date checks and servicing had been carried out on areas such as electrical equipment, moving and handling equipment, the water system, and fire safety. Records showed there were regular fire drills with people living in the home. Each person had their own care plan regarding fire evacuation. The service had contingency plans in place for events such as water shortage or heating failure. This helped ensure that the home was a safe place for people to live and work in.

People and staff told us there were enough staff to meet people's needs. One person said, "Always someone to help me when I want them." One member of staff told us on some occasions it could get, "Hectic" however they said, "Management will always step up and help." Another member of staff told us there were always two staff on shift plus either the senior, deputy or registered manager. They told us that the third person would assist the support staff if they became really busy.

The registered manager told us that as the service was small it was easy to identify when people's needs were increasing and adjust staffing levels accordingly. They also told us they wouldn't automatically assume increasing staffing numbers was the only way to meet people's needs and would look at how additional equipment might help as well. This showed the registered manager thought about people's individual needs and they best way to meet them.

Staff files showed safe recruitment practices were being followed. This included the required health and character checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home. The registered manager told us they took steps to ensure they got the right people to work in the home through inviting them to spend time visiting the service before any interviews. This meant people applying to work in the home had a good understanding of the service provided and the work they would be doing.

People received their medicines safely. The staff we spoke with told us they had received training in medicine administration. The registered manager told us new staff, "Don't touch [medicines], even if they had a job previously until they've done the training." One member of staff told us that the management carried out competency checks on staff administering medicines. The senior support worker confirmed this and said they, "Often watch [staff]." The senior support worker told us they carried out twice daily audits on medication to check for any errors. Staff meeting minutes showed areas for improvement in medicine administration were discussed and guidance given to staff. This showed the service monitored medicine administration closely and action was taken to address any areas for concern.

We observed a member of staff administrating medicines; they ensured that medicines were locked away when they left the medicines room. We saw them offering medicines to people and checking they were happy to take the medicine. On one occasion a person wanted to have a chat with the member of staff. The member of staff did not rush the person in to taking the medicines and participated in the conversation. They then checked again if the person was ready to take their medicines.

We looked at two medicines administration records which were correctly completed. We checked three medicines and saw the stock count was accurate. Where creams were used the date of opening was recorded on the packet so staff knew when they needed to throw the creams away. The temperature at which medicines were stored was checked regularly so that staff could be sure medicines remained effective to use. We concluded that medicines were managed safely and people received their medicines at the time they needed them.

Good

Is the service effective?

Our findings

The staff we spoke with felt supported by the service to provide effective care. One member of staff told us, "I've learnt a lot from them [the management team]." They went on to say, "If I have a question I can go and ask the deputy [manager] or senior and they'll be able to advise me on what to do." Another member of staff said, "I have regular supervisions."

The management team were proactive in keeping up to date with guidance and best practice. The registered manager told us they regularly checked relevant websites, received email notifications regarding any changes that may impact them, and attended regular managers networking events.

The registered manager and senior support worker told us that the service was keen to support people to develop their knowledge and skills. They said they encouraged staff to gain National Vocational Qualifications (NVQ) in health and social care. Records showed that most staff had gained a minimum of NVQs at level 2 or higher. The senior support worker said, "Everyone has or is doing a level 3 diploma." This meant these staff had received additional training in health and social care on top of the training provided by the service.

The registered manager told us that they had a stable staff group who had received training the service deemed as mandatory. This meant they could focus on additional training to help support staff to meet people's additional needs. We saw that additional training planned for this year covered topics such as epilepsy, stroke, and diabetes. One member of staff told us they, "Do loads of training."

Training was responsive to people's changing needs. For example, the senior support worker told us one person had been diagnosed with diabetes. They said that training on diabetes had been provided for staff at the first available opportunity. We also saw staff meeting minutes which showed the deputy manager had discussed a person now required additional moving and handling equipment. We saw the deputy had checked with staff that they felt competent to use the equipment and offered additional training sessions for staff.

Records showed all staff had received an induction when they first started working at the home and new staff completed the Care Certificate. The Care Certificate covers the minimum standards that should be covered as part of induction training for new staff. The registered manager told us they followed this process as well as adding extra information that ensured new staff understood the home's systems and how they worked. One member of staff told us, "Staff get a good induction." Whilst the senior support worker said the induction, "Was in-depth." The registered manager said they checked after the induction if new staff felt they were competent to provide care to people living in the home.

The above information meant we were satisfied that staff had the knowledge and support 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 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called 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 was being met.

The staff and management we spoke with were knowledgeable about the MCA. Staff could tell us about some of the key principles of the MCA and how they followed the MCA in their practice. Staff gave us practical examples of how the supported people to make decisions. For example, one member of staff told us they supported people to make decisions regarding what they wanted to wear through showing them different clothing options.

We saw there was comprehensive guidance for staff on the MCA and DoLS. The care records we looked at showed that the MCA had been followed. For example, we saw one person had a detailed mental capacity assessment in place. They had been assessed as lacking capacity regarding certain decisions and their care. Records showed how and what decisions had been made in their best interests. The above information showed the service was working in line with the requirements of the legislation.

The registered manager was knowledgeable regarding DoLS and had made sure they had up to date knowledge following some changes in case law. They understood when they might need to make an application for authorisation under a DoLS and demonstrated this through discussions with us. They said if they felt they might have a situation which required an application they would phone the local authority DoLs team to discuss this with them. They said they had done this on a number of occasions and had not yet needed to submit an application under DoLS for anyone living in the home. This showed us the registered manager was mindful of any situation that might require an authorisation and took appropriate action.

People were supported to maintain a balanced diet. People and staff we spoke with told us how some people had been supported to join their local weight watchers club. One person proudly showed us their before and after pictures. We saw they had been supported to lose a significant amount of weight. We saw a number of other people had now met their target weights. One person told us, "I like shepherd's pie, but now I have salads, I like salads best." A member of staff told us promoting healthy eating was imbedded in the practice and culture of the home. They went on to tell us how they supported people to monitor their portion sizes in order to make sure they were not eating too much. Care records showed that people had weight management plans where required. We looked at one plan which gave staff clear guidance about how to support the person to reach their ideal weight. This demonstrated the service took steps to support people to manage their weight and eat healthily.

The staff we spoke with showed a good understanding of people's individual dietary needs and the support they required around eating and drinking. Staff told us that one person required a great deal of support with eating and drinking. Staff said they encouraged the person to eat and drink whenever they saw the opportunity. We observed this happening during the day. There was free access to the kitchen for people to help themselves to drinks and food. We saw that people who were able to accessed the kitchen and made their own meals and drinks, with support from staff if required. This information showed that staff supported

people to have enough to eat and drink.

We observed the support provided over lunchtime. Each person had an individual meal that they had chosen. We saw all staff and people living in the home ate lunch together around tables in the conservatory. There was lots of conversation and laughter between staff and people living in the home. We concluded that people enjoyed meal times and these offered a pleasurable experience for people.

We saw where people were at nutritional risk specialist health care professionals had been contacted. One person had been waiting for an assessment regarding the difficulties they had swallowing. Records showed whilst staff were waiting for a specialist to assess the person they had also spoken to the person's doctor in order to manage the risk whilst they waited. Health care professionals told us that staff contacted them appropriately and responsively regarding people's health care needs. We heard about a number of instances where staff had put in a lot of effort to ensure people received the health care they required. For example, a local doctor told us how staff had challenged a local hospital regarding the care that was provided to a person living in the home, so that the person would get the care they required. Records showed people had regular visits from the dentist, optician, and chiropodist and referrals were made to appropriate health and social care professionals when required. We concluded that people were supported to maintain good health and received appropriate health care when needed.

Outstanding ☆

Is the service caring?

Our findings

People living in the home, their relatives and health care professionals spoke highly of the support provided by staff. One person told us they liked living in the home, throughout the day we observed people looking happy and relaxed. One relative said, "[name] always looks well cared for, all the staff are excellent." A health care professional told us, "Staff are particularly caring" and "Residents seem well looked after."

There was a homely atmosphere and all the staff we spoke with talked about how the service had a family feel to it. The registered manager told us, "It's a home and a family." Another member of staff said the service was, "Homely, like one big family." At mealtimes we saw people, staff, and the registered manager eating together and socialising like a family, we saw this was an opportunity for people and staff to chat, joke, and laugh with each other.

Reassuring and caring relationships had been developed by staff with people. Staff went out of their way to ensure that people felt that they really mattered as an individual and put their needs first. Several members of staff told us how they came in to the home on their days off to socialise with people and attend special events such as birthdays. The senior support worker told us, "Lots of parties here, staff all come in and join in, not just those on duty." Another member of staff told us they had identified how one person would drink more if they used a small spoon to assist the person. They said, "It might take longer but [name] definitely prefers it." We saw this person had difficulties drinking independently and observed another staff member took the time to give the person an entire cup of coffee one spoonful at a time at the pace of the person. They stayed with the person, talked and reassured them continually. We saw the member of staff checked the person was comfortable.

The senior support worker told us about a situation where a person's anxieties had meant they had refused to use equipment that would help diagnose and support a health condition. The member of staff told us they had worked closely with the person's doctor but they had been unable to resolve the situation. The member of staff told us it was likely that more restrictive serious measures might have been taken in order to manage the situation; however they wanted to avoid this for the person. They spent a great deal of time and effort researching the health condition and other options. They found that a piece of equipment not provided by the health service might help. The provider had then purchased the equipment themselves and this had meant the person could get a correct diagnosis and the care they required. The person's doctor confirmed this and told us they were, "Impressed" with how the service had dealt with the issue.

The registered manager told us they have supported a personal relationship between two people living in the service. They had made sure the people had access to advice and support regarding their relationship so they could make informed decisions. The provider had also purchased additional material, such as DVDs, that they could watch in order to help them understand responsibilities in relationships. Staff in the home had supported the couple to get married, this included helping them plan and organise the wedding. A member of staff told us how excited staff and people living in the home had been about the wedding. A relative told us they would, "Always be grateful to everyone who helped to arrange [name] and [name's] wedding and making it such a wonderful day. The interest and kindness shown was very special." The

provider had made accessible the top floor of the home and turned this in to a separate flat, so the two people could have their own space and privacy as a married couple.

We felt the above information demonstrated that the service genuinely cared for the people it supported and went 'the extra mile' in order to ensure they got the care and support they required.

The registered manager told us the service had recognised that as people in the service aged the service needed to be prepared to support people at the end of their lives. We saw they had signed up for a specialist end of life training programme run by the local health trust. As a result of this they would gain accreditation by the trust in delivering end of life care. The registered manager and deputy manager told us they had supported one person at the end of their life. The deputy manager gave us examples of how they had worked together with local health professionals to support the person. They said they felt the person, "Had a good death" and staff had visited on their days off to sit with the person and ensured they were never alone. Some people living in the home had particular anxieties around death and what would happen. The deputy manager told us about how they supported these people to complete documentation that detailed their preferences and priorities for care at the end of their lives.

Staff showed in our conversations with them that they knew people well, including their personal histories and preferences. One person said "I know everyone here and they know me and what I like, we don't have much change." A health care professional told us staff, "Know them [people living in the home] like the back of their hand." We saw documents that showed every year each person had a detailed review of the previous year. This covered health changes, preferred daily routines, and significant events in the year for the person, as well as their goals for the year ahead. Each person had their reviews together in one place. This meant that they could be read together and showed a detailed picture of the person, their experiences, and changes throughout their lives. The registered manager and senior support worker told us they did this so that staff could see the whole picture for the person and gain a deeper understanding of them. They gave an example of how, for one person with an advanced disease and no longer able to communicate, this meant staff could see the person rather than the illness first. This showed the service understood the importance of each person's individuality and ensured staff could really see and understand the people they supported.

People were actively encouraged to participate in the service and expressed their views about their care and support. One relative told us their relative could be difficult to engage. They said "Excellent that they get [name] involved at all, that's all I can say, they do a marvellous job." We saw that those people who had communication difficulties had additional aids to use and staff could use these to help people express how they felt. One person at the home communicated in their own sign language. We saw staff understood the person's signs and used their signs to communicate with them.

People living in the home had residents meetings where decisions such as where to go on holiday were discussed and agreed on. A member of staff told us, "We have about ten meetings to decide on holidays." The registered manager told us that they often brought their dog to the home. We saw in people's care records that this had been discussed with each person and their consent to do this was sought. This showed that the registered manager recognised that the service was people's home and respected people's views about what they wanted to happen in it.

People and their relatives were involved in the planning and reviewing of their care. Care records showed people had signed to say they had been involved in discussions of their care and these took place regularly. The staff we spoke to confirmed they involved people in planning and discussing their care. They told us that where people had difficulty with this, they contacted the person's relative or representative to ensure

their views were captured. One relative said, "I have been [name's] carer for fifteen years, I go to all the meetings about [name's] care, in between they keep us informed. They always talk to me about the best approach and update me if I can't be there."

The registered manager was a trained counsellor. They told us they had introduced group sessions in the home for people to be able to speak about any issues they had in a safe and confidential space. They said the sessions grew and developed accordingly to the needs of the people in the home. Currently they told us the sessions were concentrating on helping people identify goals they wanted to meet and how to meet these. Staff told us how these sessions had helped one person identify and share their aspirations to gain employment in a particular area of work. Staff had then found and supported the person to attend training in this area. Staff told us the person had developed a real passion for this work and they were encouraged and supported in each session to reach their goal.

The registered manager knew what advocacy services existed in their area. They told us they had supported people in the service to access advocacy services and gave an example of this. They told us experience had shown sometimes people could wait a while for an advocate and they had learnt to be careful to manage people's expectations regarding this.

The above information showed that the service had thought about a number of different individual ways to help people express themselves and ensure that their voices were heard.

People were supported to be as independent as possible and their decisions were respected. The registered manager told us, "You can't encourage people to do something you think is a good idea, it has to come from them and then you can move in and support it." One person told us how they enjoyed helping in the kitchen and making drinks for people. During our visit we saw they had been given a container that ensured they could safely offer and deliver hot drinks to people. We saw the person felt helpful and happy when they used this. We saw staff encouraging people to do things for themselves when they could. For example, we saw staff encouraging one person to walk independently, whilst remaining nearby in case they required support. On another occasion we heard one person asking about their lunch and a member of staff gently suggesting they might want to go and help prepare it. This person happily went in to the kitchen to help staff and came back with their own lunch. Care plans reminded staff to promote people's independence. One care plan said, 'Support, encourage, and assist only when necessary' whilst another one reminded staff to 'Support and encourage [name] to be as independent as possible.'

Staff were aware of promoting people's dignity and privacy. They gave us practical examples of things they would do to ensure people's dignity and privacy were protected. We observed that on one occasion before telling us anything about a resident's family and circumstances a staff member asked the person, "Do you mind me talking about your family?" Another staff member checked with us that they could share information about people with us before they did so. This showed staff respected, and were mindful of, people's rights to confidentiality.

Good

Is the service responsive?

Our findings

People received care that was responsive and met their individual needs and preferences. The people we spoke with and our observations during our visit showed that people had varied and different lives that reflected their individual needs and wishes. One person told us, "I get up when I am ready, 8.30am, 9am when I feel ready." A member of staff said people's routines were, "All completely different," and gave examples of this.

The care records we looked at detailed people's personal preferences and how they wanted to be cared for. For example, we saw one person's care plan talked about the fact they took great pride in their appearance and liked to wear jewellery and matching accessories. It reminded staff to make sure they supported the person with this. We saw each person had a comprehensive record about themselves which detailed their personal history, individual preferences and their preferred daily routines. We also saw people had care plans which asked staff to observe and record information, that might help the service best plan to meet people's needs. This meant the service was actively thinking about how to best meet people's needs in the manner in which they wanted it.

The service had systems in place to ensure changes to people's care needs were captured and all staff knew about any changes. Staff told us that any changes to care plans or any other important changes were written in a staff memo book. Several members of staff said the management team made sure staff had read the book and signed to say they were aware of changes to people's needs. There were also regular daily handovers where day to day changes to people's care could be shared. This meant staff were aware of people's changing needs and could provide support accordingly.

People and their relatives told us that staff supported them to maintain relationships with people that mattered to them. One person told us how their relative was no longer able to visit them and lived a long way away. They told us staff had taken them to visit their relative. They said, "I went to see my [relative]. We went to stay in a hotel, so that I could see them. I want to go again soon." A relative told us, "They [staff] bring [name] to see me now that I can't get out so much, they make a trip of it and bring some others too, they drop my [relative] off with me and then take the others out for a meal, a treat for everyone. [name] doesn't want to stay for long!"

Activities were varied and responsive to people's individual needs. All the people we spoke with said they did different things that suited them. Some people told us they had jobs, others attended local day centres, whilst we saw other people enjoyed staying at home and participating in activities of their choice. One person showed us their photograph collection and pointed to themselves doing activities they were clearly enjoying. The person smiled broadly as they showed us each picture. A relative told us, "I can tell that they are looking after [name] very well, they have lots of activities."

The service had systems in place to encourage feedback about the home and the care provided. The registered manager and senior support worker told us people were encouraged to say what they wanted and to express any concerns and complaints. The senior support worker said people were, "Not scared of

asking us if they want to do something." We saw there were regular meetings between people and staff where issues or concerns could be discussed. The visitors' book also had a section in it where visitors could write any compliments or concerns. We saw this had a number of positive comments about the care provided. We reviewed the compliments and complaints records, we saw that the home had positive comments and no complaints. The registered manager said they felt this was because they were proactive in identifying and dealing with issues as they arose.

Good

Is the service well-led?

Our findings

Everyone we spoke with spoke highly of the home. A relative told us, ""My [relative] and I think that [name] is very lucky to be there. We are very, very happy that they are there." Health care professionals were also complimentary about the home. A number of staff we spoke with told us that had planned to work for a short time in the home to gain experience but enjoyed working at the home so much they had decided to stay. One member of staff said, "I love it I don't want to go now." Another said, "I'm really happy here."

The home had a homely family atmosphere. All the staff we spoke with told us how they viewed themselves and people living in the home as, "One big family." This family atmosphere helped the service to promote a person centred, inclusive and empowering culture. The registered manager told us all staff received a staff handbook. We saw this had a clear purpose statement regarding the importance of ensuring a good quality of life for people in the home; ensuring people had choices, equal opportunities, and were valued as individuals. The registered manager told us how important role modelling these values were for staff. They said they made sure staff displayed these values so new staff coming in to the home understood and displayed them too. This showed the registered manager thought about how to ensure certain values and behaviours were embedded in the culture of the home. Through our conversations with people, relatives, staff, and our observations, we saw these values were enshrined and promoted in day to day practice.

People and staff were involved in decisions about the service. One person told us, "We have meetings with [registered manager], we're happy here." Minutes of residents meetings showed changes to the service, such as new staff, were shared and discussed with people. We saw records that showed staff had regular meetings where they could discuss concerns or issues. We saw where concerns had been raised that management had listened and responded to them. One staff member said, "I can say freely if I have a problem." A number of staff gave us examples of suggestions they had made to the management team to improve things for them or the people living in the home. They told us how these suggestions had been listened to and the management team had taken action on them.

The home was in a small rural village and had strong links to the local community. The registered manager said they supported and encouraged people to be part of the village life. We saw that staff supported people to access local resources such as local clubs. The registered manager told us people living in the home were invited to local village events and gave us examples of these. They told us they put on events in the home such as summer barbeques and people living in the home invited people from the village to attend. People in the home had been able to develop relationships with other people in the village. One person told us, "I used to go to church on my own, now someone takes me, I like the parish team." They went on to say staff supported them to look in the local parish magazine to see which church had a service for the coming week, so they could choose to attend or not.

There was a clear management structure in place and staff understood how this worked. We saw that each manager had undertaken additional training in areas such as reminiscence and safeguarding so they could take the lead in these areas. Minutes from staff meetings showed that the management team discussed staff responsibilities with staff on a regular basis. This helped ensure that staff knew what was expected of them.

The registered manager told us people living in the home attended training with staff. This helped people living in the home to understand staff responsibilities along with the kind of care they could or could not provide. They gave us a positive example of how this had helped one person understand that they were asking staff to move them in a way that was unsafe.

Staff were positive about the support the management team and the registered manager provided. One member of staff said, "[registered manager] is very good if you've got problems." Another staff member told us they had learnt a lot from the management team. One member of staff told us how the deputy manager had made time to sit down with them and support them with a problem they had. They went on to tell us how the senior support worker accommodated everyone's preferences and needs when they worked out the staff rotas.

There were systems in place to monitor and improve the quality of the service. The registered manager told us they often visited the home when not on shift, they said they, "Drop in and see if everyone is ok." We saw the home carried out yearly quality questionnaires with people living in the home, relatives, and other professionals. The recent survey showed positive comments regarding the service and care provided. Where people had left more minor negative comments we saw the registered manager had responded to them and recorded what action they had taken. The service also had daily checks for the management team to undertake, this included checking things such as, records, how staff were deployed in the home, and ensuring staff had signed to say they were aware of any changes to people's care. We saw these were completed each day. This helped the service to ensure it was running smoothly on a day to day basis.

The registered manager and deputy told us they had taken part in a number of initiatives to help support and develop themselves as well as sharing good practice. The deputy manager said, "We get involved in quite a lot of things." They told us they and the registered manager regularly attended care conferences and local manager's meetings. The deputy manager said the home was a member of an association for local mental health homes and had been asked to present a workshop on counselling and mental health support for people with learning difficulties. This demonstrated that the service was committed to its own learning and development, as well as that of others.