Welmede Housing Association Limited

Stiperstones

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

The inspection of Stiperstones took place on 24 February 2016 and was unannounced.

Stiperstones is a care home which provides accommodation and personal care for up to eight people, who have different forms of learning disabilities such as Pica syndrome (an eating disorder), angelman syndrome (a genetic disorder that primarily affects the nervous system) and Autism whilst living with other complex needs such as: epilepsy and mental health issues. These conditions made daily tasks an increased challenge. At the time of our inspection there were eight people living there. Most of the people living at the home were unable to engage in a full discussion; we were able to briefly speak with them at the home and observe how they interacted with staff. The premises consisted of a detached house with communal lounge, dining room, kitchen and bathroom facilities. There was also a spacious and secure garden for people to use. There was also log cabin in the garden which was equipped with items which created sensations that could assist relaxation, or stimulate people's senses.

At the time of our visit, 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 and associated Regulations about how the service is run.

People were happy and felt safe, their confidence and ability to be as independent as possible had grown since being at Stiperstones. Risks were managed effectively and people felt confident meeting new challenges with the support of the staff. There were enough staff deployed so that they could take part in the activities they wished and be supported in meeting their individual needs. People had access to activities that were important and relevant to them, both inside and outside their home. They were protected from social isolation because of the support and opportunities offered by staff.

People were at the heart of the service. The provider's philosophy were understood and shared across the staff team. People's right to lead a fulfilling life was enshrined in the ethos of the home.

Relatives were thrilled with the kindness, thoughtfulness and compassion of staff. People, relatives and healthcare professionals described the home as 'truly a home and not just a house' and 'It is a warm and friendly environment.'

People and relatives felt valued by staff team and felt that they often go 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they matter.

There were systems and processes in place to protect people from harm. They had their medicines administered safely. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.
People's needs were assessed before and when they moved into the home and on a continuous basis to

reflect changings in their needs. Clear arrangements were in place for people moving into the service which helped to reduce anxiety about this change. Care plans were person centred with the involvement of their relatives and health and social care professionals. People were cared for by staff that knew them really well and understood how to support them to attain their goals. Care staff respected people's individuality and encouraged them to live the lives they wanted. People's progress was monitored and celebrated.

People and those important to them were closely involved in developing the service. They were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home. Planned improvements were focused on improving people's quality of life.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives and friends were able to visit. They were enabled and encouraged to maintain and develop friendships in and outside of the home and to develop links with the people from the community who provided services at the home. Privacy and dignity were respected and promoted for example when personal care was undertaken.

Staff understood and knew how to apply legislation that supported people to consent to care and support. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had plenty of control and choice with regard to their food choices. Staff fully supported people to be involved in food planning and preparation and supported them to eat when this was needed. People were supported to understand their own health and to have access to healthcare services. The staff worked effectively with healthcare professionals and were pro-active in referring people for assessment or treatment.
The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. She was committed and passionate about the people they supported and was constantly looking for ways to improve. The staff and the registered manager had significant support and guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

Staff were very well supported and received training that enabled them to ensure they could provide the best possible care and support. Staff lived the values of the provider and they were all clear that they worked as a team and for the benefit of the people living at the home.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home. People told us the staff were friendly and management were always approachable. Staff and relatives were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

There were effective recruitment procedures in place and being followed.

People were cared for and supported by a consistent staff team to keep people safe.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted a good quality of life based on good practice guidance.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

People received highly personalised support by staff that knew them well. People were encouraged and supported to reach their goals.

Many people's confidence and independence had improved since living at the home.

People's achievements were recognised and celebrated.

People were able to maintain relationships with those who mattered to them the most.

People had access to a wide range of personalised and group activities and had a say in all aspects of the running and development of the home.

People and relatives were encouraged to provide feedback to help improve the home.

Is the service well-led?

Outstanding ☆

The service was very well-led.

People benefitted from a service which had a strong management and staff team. The registered manager was always looking for ways to improve.

The values of the provider were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. People were encouraged to shape the direction of the service.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Stiperstones

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 home, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 February 2016, was unannounced and conducted by two inspectors.

We reviewed records which included notifications, previous inspection reports, complaints and any safeguarding concerns. A notification is information about important events which the service 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 home, what the home does well and improvements they plan to make.

We contacted the local authority to get their feedback on what they thought about the home. We also contacted nine health and social care professionals who visited the home regularly to get their views on the care that was provided.

Whilst people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff. We observed how staff cared for people so we could gain an understanding of the care provided. We spoke with six staff and the registered manager.

We looked at some of the bedrooms with people's agreement, reviewed two records about people's care and support, three staff files and the provider's quality assurance and monitoring systems. We also reviewed feedback provided by relatives about the care and support provided. After the inspection, we spoke to six relatives to get their views on the care and support provided.

The home was last inspected in October 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People were safe and were provided with guidance in a picture format about what to do if they suspected abuse was taking place. Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support. A relative told us, "My [family member] is very safe at the home and they feel safe with the carers." Another relative told us, "He is very safe there."

Staff were clear about their role in safeguarding and the systems in place to protect people. A member of staff told us, "We know each individual and we could tell through their body language and facial expressions if there was something wrong with them. This would lead to us exploring what the concern could be. If we identified or thought there might have been abuse to a person, we would report it straight away to the manager." The home held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

There were arrangements in place to safely store people's money. We saw each person had their financial income and expenditure recorded and verified. All monies were kept secure, in a locked room. The provider had systems in place to reduce the risk of financial abuse.

Risks to people were managed safely and in accordance with their needs. Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professional such as a psychiatrist, GP or speech and language therapist. Staff were knowledgeable about people's needs, and what techniques to use when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. For example, where a person required protection from eating and drinking unsafe items, staff knew what action to take to ensure that harmful items were cleared away. Staff provided us with guidance about how to keep our food and drink safely out of reach.

We also saw information which identified where people were susceptible to injuries, or exhibited behaviour that challenged themselves or others which could place people at risk of harm. Very detailed information and guidelines was given to staff on how to support the person and what actions needed to be taken to alleviate the situation or behaviour. Action plans were put in place in accordance with people's care and support needs.

Where people had mobility needs or were susceptible to falls, information was recorded to help staff take action to minimise these risks. People had access to bathrooms that had been adapted to meet their needs; people had specialist equipment such as wheelchairs, specialist beds or bathing aids to use whilst having a bath or shower. We noted that communal areas, stairs and hall ways were free from obstacles which may present an environmental risk.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each

person had a personalised emergency evacuation plan that was regularly reviewed. This ensured that staff had information on how to support people in the event of an evacuation. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This would minimise the impact and disruption to people if emergencies occurred.

Entry to the home was through a bell system managed by staff. We saw a book that recorded all visitors to the home. The entrance to the garden was secure through a locked gate. There were arrangements in place for the security of the home and people who lived there.

There were sufficient numbers of staff to keep people safe. The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs. The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community. For example on the day of the inspection, two members of staff accompanied a person to a healthcare appointment. We noted on the day of our visit, that people's needs were met promptly and they were given one to one support when required.

Staff confirmed that with certain activities such as swimming or going out into the community or on family visits, there was always one to one support provided for safety reasons. A relative told us when their family member and a friend from the home visited, there were always three members of staff who accompanied them.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place which had been followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained. The registered manager confirmed that new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

There were appropriate arrangements in place for the storage and recording of medicines. All medicines coming into the home and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded.

People had their medicines on time and as prescribed and given by competent staff. Only staff who had attended training in the safe management of medicines were authorised to give medicines. Staff attended regular refresher training in this area. Once they had attended this training, the registered manager or team leader observed staff administering medicines to assess their competency before they were authorised to do this without supervision. We saw staff administered medicines to one person; they explained the medicine and waited patiently until the person had taken the medicine. Any changes to people's medicines were prescribed by the person's GP or psychiatrist.

Arrangements were in place to accurately record medicines administered. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines

recorded so that staff knew which medicines people could safely receive and which to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who are on PRN [as needed] medicines. Records included details about the amount of these medicines people were given and the reason for the administration of the medicine.

Good

Is the service effective?

Our findings

People were supported by competent staff who provided individualised care and support to promote a good quality of life. A relative told us, "It is perfect for him, he is so happy and the change in him is amazing." Another relative told us, "He has everything he needs, his own room, his things around him, he has photos of the family and he loves his room." Staff told us, "We are very proud of the work that goes on here."

There was competent and qualified staff to meet people's needs. The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. Staff confirmed that a staff induction programme was in place. Sickness and holidays were covered by existing staff within the home, or other local homes managed by the provider, that were knowledgeable about people and understood their individual needs.

People were supported by staff that had the necessary training to meet their needs. The training provided was in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had received mandatory training in areas relevant to their role such as: boundaries and best practice; Non-Abusive Psychological and Physical intervention (NAPPI), epilepsy awareness, autism, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Conversations with staff and further observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with guidelines of how to approach people during our visit to ensure we did not cause them anxiety. By doing this they demonstrated that they knew people well and were able to provide care that minimised people's anxiety. We saw information recorded in people's care plans that corroborated what staff had told us.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, "I have supervision every month during which we discuss the needs of service users, any incidents that had taken place, staffing and any work related issues." The registered manager confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

The Care Quality Commission (CQC) monitors the operation of the deprivation of liberty safeguards, (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm and in their best interests. We saw that the registered manager had completed and submitted DoLS applications in line with current legislation to the local authority for people living at the home. Applications included those for people who need to be accompanied out in the community, those who required restricted access to the front door and those who wandered into other people's room.

Staff obtained consent before carrying out any tasks for people. We heard staff ask people if they would like to come with them so they could help them. Staff had a clear understanding of the need to obtain consent and the protection the Mental Capacity Act (MCA) 2005 provides. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. We noted that an advocate had been used for people who did not have family or when people required additional support during the decision making process. Advocates are independent and are able to support people in decision making, expressing their views and upholding their rights.

People had their needs assessed and specific care plans had been developed in relation to their individual needs. For example, where people had specific dietary needs relating to their condition, guidelines were in place to monitor and review their needs, as well having safety measures in place to minimise the risk of harm to themselves. Staff monitored people throughout the day to ensure that people's physical and mental health needs were supported.

Staff prepared and cooked all of the meals in the home. People were involved in the consultation about the choice of menu for breakfast, lunch and tea. The menu was in a pictorial format that people could easily understand. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. The registered manager told us there was no set time for lunchtime so people can be flexible, on the day of the visit they had lunch between 12pm and 1pm. Staff told us that a dietician was involved with people who had special dietary requirements. People assisted staff in meal preparation by performing tasks they wanted to do and were able to do such as peeling vegetables or laying the table.

People were supported to have their nutrition and hydration needs met. Detailed information about people's food likes and dislikes and preferences was available. Guidance was provided to staff about how to approach people about their food likes and dislikes and how to support them in eating as this could trigger people's anxiety levels. The staff knew people well enough to provide the support they needed and preferred.

People had access to healthcare professionals such as a GP, district nurse, occupational therapist, dietician, behavioural therapist, speech and language therapist and social care professionals. People had access to a learning disability nurse at a local hospital, who liaised with people to ensure they had a smooth transition should they require admission to hospital. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People had access to specialists who were experienced with people living with complex needs. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. This showed staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them. The staff followed this guidance whilst supporting people.

People's bedrooms were personalised with pictures, photographs or items of personal interest. Each room has a photograph of the person whose room it is on the door so their room is easily identifiable to themselves and others. People were able to choose the colour and furnishings for their room. A relative told us, "My [family member] loves horses and his room overlooks a field with horses. You could not ask for anything better. It was made for him" Communal areas of the home was painted in the same colour scheme, however people's rooms were painted in different pastel colours. The floorings throughout the communal

areas enabled people with wheelchairs or mobility issues to easily manoeuvre around the home.

Outstanding ☆

Is the service caring?

Our findings

Staff were extremely kind and caring and they centred their care on people's needs and support. The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being with staff. One relative told us, "I am over the moon with the care X receives. I can't fault the place." They went on to say, "Staff are excellent." Another relative told us, "The staff here are great I couldn't ask for better care. They truly love my [family member]."

All of the relatives we spoke to felt that the home was truly a home and not just a house. They told us that all of the residents got on well with each other and the staff genuinely cared about the people living at the home. They felt they could not have asked for a better home for their relatives. Healthcare professionals told us, 'It is a warm and friendly environment.' 'Yes, I would agree that they are treated kindly. I have witnessed staff offering them choices and reassurance. Staff address them in a respectful manner.' Another told us, 'X is continuing to do very well and his mental health remains stable. He is clearly very well supported by the staff team, many of whom have known him for a long time and are responsive to his wants and needs in a very proactive way.'

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. For example, one person liked to wear their clothes a certain way and staff told us, "We don't impose on him, it is what he wants and it is the way he likes it." One person has large mats in his room as he liked to lie down on the floor. People had the right to refuse care or support and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations. For example, when people refused care, staff would give them time and space to calm down before trying again.

Relatives and staff told us about examples of how staff knew and responded to people's needs. For example the registered manager knew that family was important to one person, so she wrote a letter and found his long lost family member, since then they had established contact. Staff also supported people to visit family members so they could stay in contact with them. Close bonds had been developed between some of the residents, so much so that when a resident visited his family, his friend from the home went with him, supported by staff. A relative told us when their family member was admitted to hospital; a member of staff accompanied them and stayed with them throughout their stay in hospital to alleviate their anxiety and to assist the hospital staff with their care.

The registered manager told us of an incident where they had challenged discrimination. They found that a person living at the home was not treated fairly by an organisation who was overseeing their finances and had entered them into an agreement, which staff at the home felt was not in the person's best interest. The registered manager challenged this agreement. The person's finances are now overseen by the local authority and a new agreement now reflects the person's wishes.

People are supported by staff who adapt to their needs. A member of staff came in on their day off to accompany two people who wanted to go swimming, this member of staff was familiar to them and they felt comfortable and safe with them when going out in the community, the member of staff also liked to swim. This showed that staff adapted to meet people's needs, responded to include them in shared interests and would go that extra mile to care for them.

Staff were caring and sensitive when a person was moving into the home. In order to help them with this difficult transition staff had spent time with them at their previous home to allow them to get to know staff at Stiperstones.

Staff knew about the people they supported. Staff told us, "We know the residents here, we communicate with each other especially if we find something new about the person.", "We also watch their body language and facial expressions; you pick up a lot from them." They were able to talk about people, their likes, dislikes and interests and the care and support they needed. We saw detailed information in care records that highlighted people's personal preferences, so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example a person used body language to tell staff if he liked or disliked something. For instance he would touch something if he liked it and would walk away if he did not. For another person, when they laughed, smiled or shook their hands about, it meant he was happy and that he would like staff to interact with him, which staff did. It was evident that staff through the sounds that people made or their body language they knew what the person wanted or was able to identify a problem. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

People had developed in confidence because of how the staff cared for them. This was evidenced through the records and photographs kept of each person's achievements. Staff were constantly praising people for these achievements and encouraging them to achieve more. For example the provider had a rewards and recognition scheme for goals achieved. Awards were displayed throughout the home of people's achievements such as one person's award for assisting with the garden and another person for jogging. Staff also supported people to enter the provider's Christmas card competition and a person from the home won the competition.

Staff approached people with kindness and compassion. A relative told us, "They are very good handling people who have problems, they are very gentle, they are able to distract them. It is almost seamless in the way they manage it." We saw that staff treated people with dignity and respect. Staff called people by their preferred names. They interacted with people throughout the day, for example when attending activities in the home, they chatted while they helped them eat and drink, whilst listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner. Personal care was provided in private and where people were distressed they were taken to quiet areas or out of the home, depending on their needs, so they had an opportunity to calm down in private.

People were involved in making decisions about their care. The registered manager had developed person centred communication profiles for each individual. This looked for ways to understand and engage with people. Staff listened and observed what or how individuals were communicating and ensured that support is given according to individual preferences and needs. A relative told us, "We have regular meetings with my relative's key worker about their care." They went on to say,
"They will call us if they have any concerns about them." A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating

this with the rest of the staff team. The keyworker system worked well as staff were able to support people whom they shared common interests with, and had specialist experience or training. People were involved in the discussion about their care, support needs and end of life care, documentation was provided in easy read and pictorial format so that people were able to understand and be involved in the decision making process.

People trusted and valued the care provided by the staff team. Staff were compassionate, understanding and enabling. People were unable to verbalise the full names for staff, so they came up with nicknames for staff, showing the compassionate feelings they had for them.

We saw that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or going out into the community. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them.

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had a detailed relationship map recorded on their file, this identified people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with. People were also encouraged through various social events to develop friendships with people living at other homes owned by the provider.

Outstanding ☆

Is the service responsive?

Our findings

People were provided with care and support that was tailored to meet their specific needs. The registered manager said that one of the main goals for the staff was to provide people with the tools and support to lead as independent and happy a life as possible. A relative told us, "Since moving to Stiperstones, the difference in my [family member] is amazing."

There were positive examples of how staff knew and responded to people's needs. For example, people were anxious due to our presence, so staff made sure they were reassured and made them either a drink, another member of staff changed their existing arrangements and came into work to take a person out for a long drive and something to eat to alleviate their anxiety, as they knew this would help. Where a person exhibited inappropriate behaviour, the registered manager had reviewed the risk to themselves and others and so with the involvement from the person and other professionals, they were supported to attend a course, which has assisted them with their behaviour. There have been no reported incidents since.

People were provided with the necessary equipment, and support to assist with their care. For example, different types of wheelchairs for use outside of the home, specialist baths, specialist sink taps and shoes adapted to people's needs. A relative told us, "He is much better with the specialist shoes they have definitely helped him." Referrals were made to healthcare professionals and the specialist equipment was now in place. People had access to healthcare professionals who had specialist experience with people who had specific needs. Information regarding people's individual needs and treatment was recorded in their care records; and staff were knowledgeable about their needs. Staff identified that there was a need to change a person's diet. The matter was discussed with healthcare professionals and appropriate food was purchased. The changed in the person's diet had a remarkable impact on the person's well-being and as a consequence had a dramatic effect on a pre-existing condition, which had now cleared up.

The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's care and support needs before they received care. Health and social care professionals told us about how responsive the staff were. One said, "X is settled and happy in his new home." Another said, "They are responsive to my clients' individual needs; personalisation is adhered to by staff; each client has their own individual support and health plan. A third said, "When I have visited, risk assessments appeared up to date, appropriate and the staff knowledgeable about them." They went onto say, "This is a notable achievement in line with his wellbeing and quality of life. Staff are very responsive to his needs."

People's care plans were written in such a way as to put the person at the centre. A healthcare professional said, "I am really impressed at the comprehensive risk management and behaviour support strategies already in place." Each person had information recorded about what was important to them and what support they needed to obtain this. For example where people needed support at night so they could get a good night sleep and feel safe at night. Where people had behaviour that was challenging, positive behavioural support guidelines were in place which provided staff with proactive strategies to understand and support people and their behaviour. For instance if you see me heavy and rapidly breathing, talking

rapidly or repetitive speech. Do not try and reason with me, be quiet and gently ask me to take deep breaths, offer tea and distract me with a game or jigsaw. Care plans also outlined individuals' care and support. For example, what support people required for personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, and mobility. We saw that information about how staff should administer medicines were detailed in their care plan. Any changes to people's care were updated in their care record which ensured that staff had up to date information.

Clear arrangements were in place when people moved into the home. To ensure a smooth transition, the registered manager visited the previous home first to ascertain information about the person, liaised with health and social care professionals involved and established a relationship with them. Gradually staff visited the previous home that the person lived in, so they could get to know them and observe how staff from that home provided care and support. When the person moved to Stiperstones, staff from the previous home stayed with them for a few days, to help them settle into the home. Information about the home was provided in pictorial format for those people who were unable to communicate verbally.

Pre admission and needs assessments recorded individual's personal details care and support needs. Details of health and social care professionals involved in their care, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were documented. This information was reviewed before a care plan was developed and care and support given. Staff were able to build a picture of the person's support needs based on the information provided

Information about people's care and support was also provided if a person require hospitalisation. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe during their stay in hospital.

Staff were quick to respond to people's needs. For example when a relative informed staff of his health condition, staff ensured that his relative was checked out to ensure their family member did not have the same condition. Staff told us by having a consistent staff team they were able to build up a rapport with people and their relatives and staff knew people well and understood their needs. In every record we saw and during our observations staff were using this knowledge and close rapport to support people in a way that suited each person and met their needs.

People were supported by staff who understood their needs to maintain their well-being. Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. Information recorded related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. The staff had up to date information relating to people's care needs.

People attended a lot of activities throughout the week in the home and outside in their local community. All the activities people participated in were recorded in their care plan, we saw photographs of the events they had attended such as going out for a meal, bowling and birthday, Hallowe'en and Christmas parties in their care plans and displayed throughout their home. Activities included reflexology, aromatherapy, swimming, going for walks with staff, and music therapy. A vehicle was available so staff could support people to go to their chosen activities including, visits to family members and places of interest. People from other homes owned by the provider visited the home for special events such as a summer barbeques and parties which allowed people to remain in contact with their friends. The provider also hosted events such as bingo and river cruises on the Thames for all people living in their homes to attend and participate in which enabled people to get to know others and reduced the risk of people becoming socially isolated.

Relatives took an active role in the home. A family member had raised money for the home and the home now had a log cabin in the garden as a result. This room was equipped with items which created sensations that could assist relaxation, or stimulate people's senses. A relative told us, "They have a lovely place in the garden, where they can relax, visitors can go in there as well." They went onto say "It is so peaceful, it is a lovely touch." Staff told us, "People love it. They find it calming and relaxing." Staff told us that each person had favourite items they liked and used.

The provider was responsive to people's needs. Staff told us the provider had hired on a weekly basis a community swimming pool so people from Welmede homes could go swimming with other people with similar needs, supported by staff who were familiar to them. This would reduce the anxieties people might experience with crowds or people who were not familiar to them. Another example was where staff had identified a person's bedroom needed to be more relaxed and comfortable for him. Staff ensured that the flooring was thoroughly cleaned, purchased him a new bed and bedroom furniture and had the electrical sockets moved so his electrical equipment could be easily accessed to him. New bedding and lighting was also bought. The person was involved in picking the colours for his bedroom. The registered manager had told us that the patio had been extended as well. This provided more outdoor seating for people, but also assisted those that were susceptible to falls as it reduced the step down from the home to the garden and provided a level surface which minimised trip hazards. An assessment of the area was conducted by an occupational therapist. This demonstrated that provider was familiar with people's needs and interests and found ways to fulfil them.

Relatives told us they had no reason to make a complaint about the home. People's' feedback was obtained in a variety of ways such as questionnaire, meetings, discussions with people and their relatives. We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. The registered manager maintained a complaints log. We reviewed the complaints log and noted there were no complaints about the home in the last twelve months. The registered manager told us that when people had any concerns they tried to resolve the situation before it escalated. The registered manager told us what they would do if they received a formal complaint. We also saw lots of compliments received by the home.

Outstanding ☆

Is the service well-led?

Our findings

Relatives told us how they felt about the home. A relative told us, "It is very professional and very well-led." Another relative told us, "It is in a class of its own." A third relative told us, "We are so lucky to have this home, we support Stiperstones and liaise with them regularly, we have made it part of the family." A fourth relative told us, "They are absolutely amazing."

Health and social care professionals told us of their opinion of the home. A social care professional said, "The managers are effective in communicating any issues to me between reviews. The managers know the clients well, and take necessary steps to keep them safe, maintain their wellbeing and engage them in meaningful activity. Staff present during reviews appeared happy to be working with the guys at Stiperstones, and with the support they receive from managers." A healthcare professional said, "It was pleasing to see how quickly X had settled in. This can only be testament to how well organised and professional the staff are. It was pleasing to see such a lovely place."

The staff had the benefit of strong, focused leadership. The registered manager was supported by two team leaders and a motivated staff team. The registered manager said that she had an excellent relationship with the staff in the home and that they were all comfortable about being able to challenge each other's practice as needed. A member of staff told us, "She is one of the best managers I have worked with." During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living at the home and spoke with great compassion about them and her staff team. Any question we asked was met with detailed information.

The service adopted a non-judgemental and person centred environment that aided people with their care and support. The provider is passionate about providing people with disabilities the chance to pursue their chosen lifestyle. The provider ensured that staff received appropriate training, team briefings, and management support which reflected their values, all of which were discussed in meetings with their line manager. Support was also provided to staff so they can practice their religious choice. For example their duties were arranged so they would have Sundays off so they could participate in events with their religious community. Staff told us, "We put people first and to work in a person centred way. We treat all people here as equals." We saw staff using these values in the support they provided to people and it was also evident when they spoke about people.

The home took a key role in the local community and is actively involved in building further links. People serving the community helped the home on a regular basis by providing support with their garden and also decorating people's room in accordance with their needs. This also gave people the opportunity to meet and interact with people living at the home.

People were involved in how the home was run in a number of ways. There were 'service user' meetings for people to provide feedback about the home. We saw minutes of the meeting that included information about each person who attended the meeting, photographs and a summary of their activities in their home and out in the community and any goals achieved. For example a person was working on their bowling and

staff had supported them to reach their highest score which they were very proud of.

People and their relatives were seen as an integral part of developing and shaping the service. The provider actively sought, encouraged and supported people's involvement in the improvement of the home. We noted that a survey was conducted in 2015, for relatives of people living at the home. We saw positive statements such as, "The staff are special especially his key worker.", "Staff are friendly, polite, respectful, compassionate and kind", "Very loving towards my [family member] and always give me a sense that you (staff) are all very dedicated to both looking after and caring for everyone at Stiperstones." A relative told us they had regular meetings with staff at Stiperstones and had suggested that a newsletter to be sent to families. We saw that this had been implemented.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. For example, the edge of the rugs had become worn and the edges had turned causing trip hazards. These were immediately replaced. Staff were able to contribute through a variety of methods such as staff meetings, supervisions and team briefings; this is information that was cascaded from their head office. Staff told us that they were able to discuss the home and the quality of care provided, best practices and people's care needs. Welmede had begun to send out to staff bulletins to keep them informed of new development including changes in current legislation. These on- going briefings assisted all the staff to be kept up to date with developments within their sector and organisation.

The registered manager told us that managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues.

The provider had a system to manage and report incidents, and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding concerns had been raised appropriately and dealt with and notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken. For example a person had an accident around the patio area, the incident was one of the reasons for the registered manager to review the patio area, and hence why it was extended and improved.

The provider is always looking at ways to improve the services they provide. The registered manager told us that the senior operational team meet weekly and looked at all incidents, accidents, safeguarding concerns and disciplinary issues within the organisation. The following are some examples of the actions implemented across the organisation and are used to consistently look at ways of continuing improvement: Produced specific wheelchair handling courses for staff; Produced visitors guidelines with service users involvement; Introduced an accident, incident and risk database which managers review, discuss and action identified trends and triggers which assisted them in adopting a preventative approach. This is then reviewed and quality audit checks are carried out to ensure that all measures are in place. The information feeds into training requirements, support planning and guidance for staff. The registered manager told us that in the strive for continuous improvement, she had direct input into the development of new initiatives within the organisation including policies and she is currently on the Positive Behavioural support development group.

Staff told us they conducted weekly spot checks on rooms to check on their condition in relation to health and safety. Management observed staff in practice and any observations were discussed with staff, this was to review that the quality of care was delivered to the expected standards. Fire, electrical, and safety

equipment was inspected on a regular basis. We also noted that equipment such as wheelchairs, baths and the home's transportation was also checked on a weekly or monthly basis.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the staff assessed and monitored the delivery of care. We saw there were various monthly audits carried out such as health and safety, medicines, facilities, housekeeping, care plans, and an additional medicines audit conducted by an external agency. Where issues were raised regarding medicine errors, action was carried out, for example, Two staff will complete the monthly balance checks and medicines carried forward as this will minimise the risk of any further human errors.

A relative told us, "The staff and manager are approachable, they make sure we are told of any concerns they have." The registered manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people, were polite, caring towards them and encouraging them. People felt the registered manager was approachable and would discuss issues with them.

People commended the care and support provided by staff at Stiperstones. Welmede have a Recognition & Rewards scheme for staff. The staff team at Stiperstones was nominated for this scheme. The aim of the scheme is to encourage excellence and the sharing of best practice. The staff team and relatives nominated the registered manager for Surrey Care Awards Manager of the year and finalists were forwarded to the Great British Care Awards for inclusion in their awards. We reviewed that nomination form and some relatives comments in the outstanding leadership section were "She visited and assessed my relative and saw past the labels he had been given.", "She displays great enthusiasm in her managerial position and has considerable empathy with the resident which in turn has an extremely positive impact on her relationship with staff." Staff comments were "She is a good leader and a pleasure to work with. She is pleasant and is positive in her attitude." And "She supports her staff through what may sometimes be a difficult situation until she is satisfied that they are ok."

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. Whistleblowing is a way in which staff can report any concerns they may have anonymously. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This ensured that people continued to receive care and support safely.