Independent Options (North West)

Hall Field Guest House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on the 20 and 22 November 2017.

We last carried out a comprehensive inspection on 21 September 2016. At that inspection we found the service to be in breach of the regulations relating to identifying and managing risk, person centred care, management of medicines and quality assurance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, responsive and well led to at least good. At this inspection, we found that improvements had been made in all areas.

Hall Field Guest House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hall Field Guest House is a large detached property on the outskirts of Stockport town centre. It provides accommodation and personal care people for adults who have learning disabilities. People who stay at Hall Field Guest House have permanent alternative accommodation but stay at the home for short stays or respite. At the time of our inspection there were 80 people registered to use the service. The home can accommodate up to six people at any one time. There were four people using the service on the first day of our inspection and five on the second.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was leaving the service and was going to deregister with CQC. Whilst they were working their notice period they were working at another service the provider ran. The provider had recruited a new manager who was going to apply to be the registered manager. They had worked at Hall Field Guest house for three years. Everyone we spoke with was complimentary about the new manager and the way they ran the service.

The new manager was present during our inspection. We found them to be enthusiastic, caring and committed to providing good quality person centred care. We saw that people who used the service responded well to them.

Risk assessments were in place for the general environment. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

The management and administration of people's medicines was safe demonstrating people received their medicines as prescribed.

Care records were detailed and person centred. They described people in positive ways and included information on how to promote peoples independence, including things the person liked to do for themselves. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required. Records had been reviewed regularly.

There was a robust system of quality assurance in place. Weekly and monthly checks and audits were carried out by the manager and other managers of the service. These were used to assess, monitor and review the service.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively.

The provider was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. Care records included information on how people could be supported to make decisions. People's choices were respected.

People who used the service told us they liked the staff, they said they were caring and nice. We found staff knew people well. We observed staff were compassionate, friendly and interacted with people who used the service in a relaxed, warm and respectful way. There was also gentle banter between staff and people who used the service.

Care records gave details about how the person communicated. This included the use of communication systems, and verbal and non-verbal communication such as facial expressions and gestures.

We found that activities were provided within the home and people were also supported to access a wide variety of community based activities.

The service had guidance for staff on how to support people when they showed behaviour that challenged the service. Records contained information about what may make someone upset or angry, how the person communicated when they were anxious or upset and guided staff on how to respond, what to say and what to do to help the person and diffuse situations.

People had opportunities to comment about the service and there was a system in place for people to use if they wanted to complain.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practise. Staff we spoke with liked working for the service and told us they felt supported in their work.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe because they were supported by staff they knew and trusted.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

People told us they liked the food, it was home cooked and they were always offered choices.

Is the service caring?

Good

The service was caring.

People told us staff were caring and nice. Staff interacted with people who used the service in a relaxed, warm and respectful way.

Care records contained information on what people could do for themselves, skills they wanted to learn and how staff could promote people's independence.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

Care records were detailed and person centred and contained information about people's health and social care needs.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Good

The service was well-led.

Everyone spoke positively about the new manager and the way the service was managed.

There were systems in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff we spoke with enjoyed their work, liked working for the service and told us they felt supported.

Hall Field Guest 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 20 and 22 November 2017 and was unannounced on the first day. It was undertaken by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

During our inspection we spoke with four people who used the service, one relative, the manager, four support workers, the events coordinator and the director of human resources. Following our inspection we also spoke by telephone with two relatives of people who used the service

We carried out observations in public areas of the service. We looked at five care records, a range of documents relating to how the service was managed including medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

At the last comprehensive inspection on 21 September 2016, we found that the home was in breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not assessed and managed appropriately and medicines were not managed effectively. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

At our last inspection we found that risk assessments and guidance for the use of bed rails had not been completed. At this inspection we were shown that risk assessments were available if they were needed. The manager told us that currently only one person was assessed as needing bed rails. Risk assessments were in place and protective bumpers were fitted.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We found that regular fire safety checks were carried out on fire alarms and fire extinguishers.

We saw that systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to the home environment. We reviewed certificates from the safety checks performed on the home. We saw the required checks and maintenance had been completed for gas, electricity, fire safety systems and maintenance servicing on the hoists and water quality checks. We saw that a fire risk assessment completed in July 2017 had detailed some work that needed to be completed. Records we saw showed that some of the work had been completed and the rest was planned for December 2017.

There was also a folder containing information about potentially harmful substances like cleaning products and where to find more information about the chemicals in the substances. Temperature checks of the hot water in the home had been performed and recorded weekly ensuring the water temperatures in the bathrooms would not be hot enough to scald someone. We also saw that risk assessments were in place for the environment. The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

We looked at the care records for five people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments had been completed for medicines, personal care, mobility and travel, use of wheelchairs, eating and drinking, including the risk of choking. We also saw person specific risk assessments were in place, for example where people had behaviour that challenged the service. We found these risk assessments also identified how peoples independence could be maintained whilst addressing the areas of risk.

At our last inspection we found medicines were not managed effectively. At this inspection we reviewed the arrangements for managing people's medicines whilst they were staying at the home. We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage and administration of medicines. Staff told us they had received medication training and that this was kept up to date. We saw records of training attendance confirming this and that staff had their competence to administer medicines regularly checked.

The manager told us that as people stayed at the home for short periods of time medicines were usually brought in from the person's permanent home. On arrival they were checked and counted and entered onto a Medicine Administration Record (MAR) by the lead staff member. They were then checked and counter-signed by another member of staff in line with the service policy. The manager told us if any prescribed medicines had been forgotten by the person or their relative then they were requested from a local pharmacy.

We examined four peoples MAR and found them to be legible, fully completed and counter-signed in line with best practice. The times medicines had been given had been recorded and each entry had been signed. We found the stock of medicines we reviewed was accurate and matched what was shown on the MAR.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. At our last inspection we advised the manager to review the guidance for the storage of controlled drugs, as although no people were in receipt of them at the time there was no facility to store them should the need arise. During this inspection we found that a controlled drug box had been installed in line with national guidance and a controlled drug record book was available. During our inspection no controlled drugs were being stored but this meant that, if needed controlled drugs could be managed safely during peoples stays.

People we spoke with told us they felt safe staying at Hall Field Guest House. One person told us, "[staff member] does the sleep in, it makes me feel safe. I feel safe here."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Staff we spoke with told us they knew how to report concerns if they had any and were confident any concerns they raised would be dealt with by managers of the service. They told us they were encouraged to discuss what bad practise would look like and what to do if they saw something they thought was abuse. Staff told us they had undergone safeguarding training as part of their induction and that this training was updated regularly. Training records confirmed staff had received training in safeguarding people from abuse.

We spoke with the Director of Human Resources about the recruitment process for staff. They told us people who used the service had been asked to describe what they thought made a good staff member. People applying to work at the home took part in an initial group interview session to assess their suitability for the job by using the characteristics people who used the service had identified. If the applicants met the criteria they were then interviewed by a panel to further assess their suitability.

We found there was a safe system of recruitment in place. We reviewed four staff personnel files. Offers of employment had been made subject to satisfactory references and a check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults

and informs the service provider of any criminal convictions noted against the applicant. The files we reviewed showed that these checks had been completed and verified before the support worker started work. The staff files we looked at contained an application form where any gaps in employment could be investigated, at least two written references and copies of identification documents including a photograph. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were staying at the service. Staff we spoke with told us they felt there were enough staff on duty. One staff member told us; "We've got time to sit and talk to the guests and get to know them." The manager told us that at times when people staying at the home needed additional support because of their needs, the staffing levels were increased to ensure the required support was provided. A staff member confirmed this always happened and told us they looked at the bookings a week ahead and if the expected guests' support needs required additional staff support they would discuss it with the manager and an extra member of staff would always be put on duty. The service also had a bank of regular causal staff who knew the service and could cover shifts. People who used the service said, "The staff are the same, the same ones come in regular" and "If they are short staffed, more come in."

Another respite service the provider owns had recently closed and people who had previously used that service were now starting to use Hall Field Guest house. Staff told us that while people from the other home were getting used to staying at Hall Field Guest House an extra member of night staff had been put on duty each night to help people settle in.

We found the home to be very clean and in a good state of repair. Staff told us the home is cleaned daily and we saw records confirming that additional weekly cleaning tasks were scheduled and had been completed. We saw records confirming an agreement with a waste disposal company to dispose of controlled waste. The caretaker told us they were at the home twice a week to address anything that needed doing.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. These records were very detailed and included a description of the incident and any injury, action taken by staff or managers, recommendations from managers to prevent reoccurrence, whether any other organisation needed to be notified or whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences. The records also identified if staff need an opportunity to discuss what had happened with the manager. Accidents and incident forms were reviewed by the manager and then a senior manager. The form that was completed included whether any policies needed updating as a result of the incident, were there any issues that needed raising with the providers health and safety committee, whether staff needed a debrief following the incident and if any other agency such as CQC needed to be informed.

We looked at the systems in place for laundry. As the home was a short stay service people usually took their

clothing home to be washed. The manager told us that if people needed clothing washing during their stay this was arranged. Bedding and towels were washed by the service. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. Applications had been submitted to the relevant local authorities where appropriate and a record of this was kept. However we noted from the record that of the 77 applications made none had been authorised. This was because the local authority had triaged the applications as low priority. We saw that the service kept a record of all these applications.

Care records contained information to guide staff on how best to support people to enable them to give their consent. Records we looked at for one person advised staff on how to phrase their questions and what time of day might be best for the person to be asked to ensure they would want to be involved.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the service, information about the individual staff member's role and responsibility and policies and procedures. During the induction staff completed a work book which also tested their understanding and competency in the areas covered. Staff told us they were also given policies to read and worked alongside experienced staff whist they were getting to know people.

We talked to staff members who told us there was a wide variety of training available to them and that they felt they had enough training before they were allowed to work unsupervised. One member of staff told us, "There's lots of training here and we get paid for attending. If we said we didn't know how to do something for a guest training would be arranged." Another told us; "Training is kept up to date. There has been training in loads of areas, it's fun and entertaining." Records we saw showed that staff received training in, the history and causes of learning disability, Infection Control, Protection of vulnerable adults, first aid, Fire awareness, Health and Safety, Moving and Handling and Food Safety, Epilepsy and Autism.

Staff we spoke with told us they were encouraged to have specialisms in areas that interested them such as, health and safety or quality assurance. This meant they took responsibility for finding and passing on information about these areas to other care workers ensuring they were kept up to date. Staff also received training about what the role of the Keyworker was.

Staff told us they felt supported and received regular supervisions. One staff member said, "We have very regular supervisions. You can talk anything through with [manager]." Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Records we looked at showed that supervision sessions were detailed and included issues the staff member wanted to talk about.

The manager showed us the staff handover sheet. This was a detailed log of any tasks and events planned for the day and also a record of checks the staff on duty on that shift needed to make. We saw this included; kitchen checks, whether care records had been completed, medicines administration, petty cash and cleaning. It also highlighted any required health and safety checks for that shift including fire safety checks.

Bedrooms were modern and well decorated and each room had an en-suite and a television. We spoke with the caretaker who told us the en-suite bathrooms in the bedrooms were in the process of being renovated. We saw two had been completed and had new toilets, sinks and shower units and a third was in the process of being refurbished. They were very nicely decorated and allowed easy 'walk in' access. The caretaker explained the bathrooms were being refurbished one at a time to minimise the disruption to people wanting to stay at the home.

The home is a short stay service and people's health needs are usually met where they live permanently. However people we spoke with and care records we looked at showed that whilst people were staying at Hall Field Guest House people had access to a range of health care professionals. This included guidance about eating and drinking for those at risk of choking and reports from psychologists and psychiatrist for those who at times had behaviour that challenged the service. In the care records we reviewed this guidance and advice had been written into care plans and risk assessment to ensure staff knew how to provide appropriate support. This helped to ensure people's healthcare needs were met.

The manger told us that the service was not currently using any form of restraint as a way of supporting people who had behaviours that challenged the service. We saw that staff had received training in how best to support people. We were told this included understanding how people communicated and their use of non-verbal communication when they were angry or upset. Care records also guided staff on how to deescalate situations where someone might be getting upset or angry. One care record we looked at described actions a person would take when they were becoming angry about something including how there body language would change.

We looked at the systems in place to ensure people's nutritional needs were met. Food was prepared by the support staff. We saw that there were plentiful supplies of fresh, tinned and dried goods. Checks were carried out by the staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean.

People were very positive about the choices available and the food provided. One person who used the service told us the food was; "Good." People told us that, as well as the food planned on the menu, they were asked what they wanted to eat and could always have an alternative if they asked for it. One person said, "They [staff] make tea, it's quite good. I can have ham butties for breakfast, I like them." We looked at records that were kept of meals. We saw that regularly more than two choices were provided. We saw

several occasions were 4 different meals had been prepared at people's request. A staff member told us, "At tea time we all sit and eat our meal together [with people who were staying at the home]. It's sociable."

Good

Is the service caring?

Our findings

Everyone we spoke with told us they found the staff to be caring and said they enjoyed spending time at Hall Field Guest House. People who used the service told us, "They [staff] know what I like. Its respite from home" and "Its quiet, we have friends here." One person said the best thing about the home was, "Her [pointing at a staff member] She is great, I like her." Another person who used the service told us; "I like coming here, the staff are nice."

Relatives of people who used the service said of Hall Field Guest House; "My [relative] absolutely loves to go there, [person] would rather go there than go on holiday." Another relative told us; "We don't worry about our [relative] going there, we drop [person] off and they are straight through chatting to staff." Another relative said; "My [relative] is happy here and knowing [person] is happy makes me happy."

Staff spoke kindly and compassionately about people who used the service. Staff told us; "We get to know the guests so we know their sense of humour", "It's fantastic working with the guests" and "It's so nice to feel appreciated. People look forward to coming."

During the inspection we spent time observing the care provided by staff. We found the atmosphere to be friendly and saw staff members warmly greeting people upon first seeing them. We observed staff sitting and chatting with people; all interactions were caring, warm, respectful and relaxed. There was also gentle banter between staff and people who used the service. Staff clearly knew peoples sense of humour and what they would find funny.

At the start of the inspection we saw a guest checking out. Staff explained to the person's relative that the person had enjoyed the rice pudding the evening before and some had been set aside for them to take home. The person who used the service was clearly delighted. The person's relative explained that was an example of how much the staff cared. They said, "They do things like that."

Care records detailed what people could do for themselves and how staff could maintain and promote people's independence. One person was identified as needing support to shower but their support plan stated, 'If you put shampoo on [person's name] hair. [Name] will rub it in'. Another said the person enjoyed cleaning and helping with cooking. One person who used the service told us, "They let me turn the shower on, I can do that."

As Hall Field Guest House was a short stay service, specific arrangement for visiting by relatives were not in place. However relatives we spoke with told us they were always made welcome and some told us they visited the home when they took the person there at the start of their stay or picked them up at the end.

Staff told us that peoples stays were planned three months in advance. Records we looked at including people's preferences for when they wanted to stay and also who they would like to share their stay with. The records also indicated if people didn't get on well and wouldn't want to stay at the same time. Staff told us that peoples preferences were respected and usually met. One person who used the service told us, "It's

nice my friend [person name] stays when I do."

We saw the computer system used to manage bookings. The needs and preferences of people who use the service were recorded on the booking system so when bookings are made, the administration staff can ensure that people who don't get on together are not booked in at the same time and efforts can be made to book friends and people with similar interests in together. The administrator explained to us that some guests have favourite rooms and so they try to make sure they get that room when they stay. Where guests' preferences can't be met, the guest and their family are contacted to discuss alternative dates or alternative rooms.

Care records we looked at gave details about how the person communicated. This included the use of verbal and non-verbal communication such as facial expressions and gestures. We saw they also included where people used a communication aid or system, for example we saw that people used pictures, photographs, Makaton, sign language and Picture Exchange Communication System (PECS). PECS is an alternative communication system developed to help people affected by autism convey their thoughts and needs. We saw that staff had received training in these systems. One person's records described how they used photographs to help them communicate and described to staff how they should allow the person time to process any information. During our inspection we found that staff took their time to explain things to people and checked out they understood what was being said or what was being asked of them.

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection on 21 September 2016, we found that the home was in breach of Regulation 9, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because information about people's preferences and support needs were not always completed or reflective of people's preferences. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

The manager told us that before people started to stay at the service a detailed assessment of their needs and preferences was completed. They told us they would visit the person in their own home and talk with them and people who knew them well; such as their relatives. The local authority and other professionals also supplied details about the person's needs. Care records we reviewed showed this assessment covered all aspects of a person's health and social care needs. They identified the support people required and how the service planned to provide it. We saw the assessment was detailed and included things that were important to and for the person. It also included identification of any risks to the person's health and wellbeing.

The manager told us that they were also in the process of completing this assessment with people who had previously used the providers other short stay service that had recently closed, and were now using or planning to use Hall Field Guest House. They told us this was to ensure the records reflected peoples current needs and preferences.

The manager told us that before their first stay, people were invited to a tea visit where they could spend some time in the house so the staff could learn more about their preferences and needs and the person could see if they wanted to use the service. During our inspection we spoke with one person who had just spent their first night at the service. They told us they had enjoyed their first night and indicated by holding the staff member's arm that they felt comfortable and relaxed in their company.

The assessment process ensured people were suitably placed, staff knew about people's needs and goals before they stayed and staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments.

We looked at four people's care records. We found they contained risk assessments and care plans that were very detailed and written using respectful terms. They gave information about things that were important to and for the person including routines, preferences, food, likes and dislikes, health conditions, challenging behaviour, medicines, how they wanted to be supported with their personal care, social activities and how best to communicate with the person. They also gave information about what people could do for themselves.

Records we saw included an 'All about me' document. This gave information about the person and was written very positively. It had information about their life history, family, education, work life, interest's and hobbies. It also gave information about peoples dreams and aspirations for the future and things they would like to change. It detailed nice things people had said about the person. One document we looked at said people had described the person as; 'Happy, Smiley and lovely'.

Care records we saw were person centred and sufficiently detailed to guide staff in how to provide the support people required and wanted. One person's records said they liked; 'blackcurrant [cordial] in a wine glass'.

Records we looked at had been regularly reviewed and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided. Records we looked at also contained a form that was signed by staff to confirm they had read the care records.

We saw that where people who used the service requested gender specific support either as a preference or as part of their cultural or religious wishes this was respected.

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access a wide variety of community based activities. Most people who used the service continued with the usual day time activities whilst staying at Hall Field Guest House. This included accessing day centres, college, work and voluntary placements.

Care records identified what people's interests and hobbies were. We saw that before people started to use the service they were asked what activities they enjoyed and what activities they would like to take part in when they were staying at the home. People were also asked about things they didn't like doing. We saw that recent activities had included going shopping, visiting a local pub, a chippy tea, visiting a garden centre and the Trafford centre. A relative we spoke with told us; "We've seen [our relative] out and about on activities around Stockport. [person] is as happy as Larry."

The activities coordinator told us they arranged a range of activities according to what the guests liked. We saw a booking form for future trips to different pantomimes; paint a pot and a trip to the BBC studios. In addition a number of themed evenings had been planned. We saw the feedback from a guest saying they had enjoyed a recent Star Wars themed evening. The activities coordinator explained planned events were included in the booking form sent to people and their relatives so they could plan their stay to coincide with an activity if they liked. People who used the service said, "We get out" and "My favourite is we go to the shop." A feedback form for guests and their relatives to share their view on the arranged activities and make suggestions for future events was available.

One staff member we spoke with said, "We go out most nights if people want to. We go to the pub sometimes." The service had a minibus which was used to visit places of interest and to go on longer trips.

The communal lounge was equipped with a large TV, a DVD player, an x-box, Wii and a variety of DVDs and games. A computer with internet access was available for guests to use and the house had Wi-Fi which guests could use to connect their own devices to the internet.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also

gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. Relatives told us that when problems had occurred, they had been happy to raise it with staff and the management and the issues had been promptly addressed. A relative told us; "If I've got any concerns I just ring the manager. He's very good, it gets sorted."

Good

Is the service well-led?

Our findings

At the last comprehensive inspection on 21 September 2016, we found that the home was in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were not always effective. They had not identified the shortfalls we had found during the inspection. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

We looked at the arrangements in place for quality assurance and governance. We found there were robust systems of weekly, monthly and annual quality assurance check and audits. These included care records, staff record keeping, medicines management, cleaning, health and safety, accident and incidents, safeguarding, training and complaints. We saw that the manager produced reports of these audits weekly and monthly. These were then sent to senior managers for their review.

Records we reviewed showed there were a number of meetings which gave all the manager who worked for the provider opportunities to meet. These were used to look at all services the provider ran and identified areas in need of improvements and also gave managers the opportunity to share good practise. The manager told us these were very useful and helped him feel supported.

Records we reviewed showed the provider also had a system of weekly and monthly audits and meetings that included senior managers. Information given in the managers audit reports was reviewed to look for patterns and trends. These were also compared to the other services the provider runs to look for themes and improvements that could be made. Health and safety audits were very detailed. We saw these included a review of policies and risk assessments. They also detailed health and safety related training and gave an indication of how many staff had attended the training. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager. The director of human resources told us the registered manager was leaving the service and was going to deregister with CQC. Whilst they were working their notice period they were working at another service the provider ran. Two weeks before our inspection the provider had recruited a new manager who had already worked at Hall field Guest house for three years and knew people well. They were present during our inspection and told us they were going to apply to register with CQC. The new manager told us that the registered manager was available to provide support if needed whilst they got used to

running the service.

We found the new manager to be enthusiastic, caring and committed to providing good quality person centred care. They knew people who used the service well and we saw people respond well to them and seek them out for a chat. The manager told us they felt that communication with the team was good. We asked them what they were most proud of. They told us, "I really enjoy working with the people we work with and I am proud of the team. The fact that everyone is happy and can work through problems." The manager told us team work was important and that they felt they had a good team, "We look after each other and the guests" They told us team building events were planned including a trip to a local indoor ski arena.

Staff spoke very highly of the new manager. They told us, "He is very approachable", "He's really great", "He's great. The guests all love him" and "It's a great place to work, [the manager] is approachable and you can talk to him about anything." A relative told us; "[manager's name] is really approachable."

Staff were also very positive about the provider and the way the service was run and organised. They said, "I enjoy it. It's really good, a nice team to work with", "Everyone's different, we all have different qualities. It's really lovely working here" and "They are a great organisation. They are forward thinking and very person centred."

The director of human resources told us that the provider also operated an on call out of hour's systems. When the manager was not on site or out of office hours staff had a telephone number they could use to make contact with a senior manager at all times for advice and guidance. Staff we spoke with told us the on call telephone was always responded to quickly and was usually a manager they knew.

Records we reviewed and staff we spoke with also confirmed that the service held regular staff meetings. We saw that both permanent and bank staff attended. Staff we spoke with said; "The monthly meetings are very useful, we are involved in any changes", "We have team meetings the last Thursday of every month. We talk everything out." We saw minutes from meetings that showed the meetings were well attended and a range of topics had been discussed. Staff told us they felt able to raise ideas and make suggestions to management. One staff member told us; "When I started I was shy to share my views but [the management] see you eye to eye and treat you as a person. We work as a team."

The manager told us that the service was planning to develop person centred team working. This would involve staff creating their own one page profile of things that are important to and for them They would identify what made a good and bad day for them and how staff could best support each other.

We saw that the service had a range of policies and procedures. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We looked to see if people had the opportunity to comment on the service they received. The provider had a Service User Quality Group. This group included service user representatives from all of the provider's services. Records we saw showed that the provider had responded to suggestions and requests the group had made. These included the purchasing of a minibus, more trips out and coffee mornings. We saw the group had also discussed organising stays so that people were compatible and that they liked the staff. We saw minutes from coffee mornings that had been held for relatives of guests where a range of subjects had been discussed. A quarterly newsletter was also sent to guests and their relatives with news about the home

and upcoming events. The manager told us that an AGM which would also be social and celebration event for the providers 40 year anniversary was planned.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect when they used this service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.