

Nutley Hall

Nutley Hall

Inspection report

Nutley
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Date of inspection visit:
27 January 2020

Date of publication:
11 March 2020

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

About the service

Nutley Hall is a residential care home that provides personal care for up to 33 people with a learning disability, including autism, and associated physical and sensory disabilities. The home offers therapeutic approaches to care and support in a working and living community environment, where staff and people live and work together, in seven units in six separate buildings. At the time of the inspection 32 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were unable to tell us if they felt safe. However, relatives and health professionals said they felt the service was safe and we saw staff supported people safely. Staff knew people very well and had a good understanding of their needs. Risk had been assessed and staff provided support to reduce risk as much as possible without restricting people.

There were enough staff working in the home to support people to take part in a range of internal and external activities of their choice. These included weaving, baking, woodwork, and arts and crafts. Robust recruitment procedures ensured only suitable people were employed. Appropriate training and supervision were provided to ensure staff were aware of their roles and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had completed mental capacity training, they had a good understanding of consent and people made decisions about all aspects of their day to day lives.

Care plans and supporting documentation reflected people's individual needs and the support staff provided. The care plans were reviewed and updated regularly, with the involvement of people and their relatives. A complaints procedure was in place. People, relatives and staff were aware of it, but said they had not got anything to complain about.

The registered manager was well thought of. There were positive comments from staff, relatives and health professionals about the management of the home, and feedback was consistently sought to identify areas where improvements may be needed. Residents meetings enabled people to talk about the care they received and put forward suggestions for different activities or trips.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 4 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Nutley Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Nutley Hall 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report

During the inspection

We spoke with seven people who used the service and a relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, house co-ordinators, workshop leaders and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, minutes of meetings and activities. We contacted three relatives and two health professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and practices in place to safeguard people from abuse and discrimination.
- Some people were unable to tell us they felt safe but were clearly comfortable and relaxed with staff. One person told us, "They help me choose the clothes to wear when we go to the forest walking." A relative said, "Yes they are all absolutely safe. Staff know how to support them safely, we have no concerns about that." Health professionals told us they had never witnessed anything that would concern them about people's safety.
- Staff had a good understanding of abuse; they knew what action they should take and were confident they would be listened to if they had any concerns. One member of staff said, "Yes we have had safeguarding training. I did it as part of the induction when I started, and it is included in the staff handbook, which we all have."
- The provider had a safeguarding and whistleblowing policy, which was available to staff and contained the contact details of the local authority safeguarding team and CQC.
- The registered manager knew how to make referrals to the local authority and had made them in line with current procedures.

Assessing risk, safety monitoring and management

- Risk had been identified and recorded in people's care plans. These were reviewed regularly with people and relatives, and there was clear guidance for staff to reduce risk while enabling people to be independent. A relative told us, "The staff know everyone really well, the risks and how to support them to do what they want."
- Risk assessments were specific to each person's individual needs. Such as mobility and risk of falls. For example, one person was unsteady when walking along some paths in the garden. They walked with staff they knew well and who understood the person's need to hold their arm if anxious.
- Relevant checks had been done for the equipment in each of the houses. Certificates for gas and electrical systems were up to date and the tools used in the workshops were serviced and maintained.
- Staff completed fire training and regular fire drills were carried out with people and staff leaving the buildings. Personal emergency evacuation plans (PEEPs) had been written for each person, which enabled staff to support people to leave the buildings safely in an emergency. The fire alarm was checked weekly and firefighting equipment maintained, to ensure it was safe to use.

Using medicines safely

- There were safe systems for ordering, checking, storing and disposing of medicines. They were ordered weekly, checked in by two staff to ensure they were correct, and stored securely in each of the houses.
- Medicine administration records (MAR) were checked at the beginning of each shift, to identify any errors. Staff said these, such as gaps, were rare and we found MAR completed correctly.
- Staff had completed medicines training and their competency was assessed before they gave medicines to people. One member of staff told us they and other staff in the house were able to give medicines because, "We have done the training, which we update yearly and have been assessed as competent."
- There was guidance for 'as required' (PRN) medicines and staff were clear about when these medicines were given to people. One member of staff explained, "We have homely remedies, like paracetamol, which are now given out when needed and are not recorded as PRN meds and we review these if something changes." For example, if a person requested regular paracetamol because they were uncomfortable, staff would ask their GP to assess them and possibly review their medicines.

Staffing and recruitment

- There were enough staff to provide the support people wanted in a safe way. Staff and people worked together in each of the workshops, kitchen, bakery and in the community. Staff were not rushed, there was clearly time to spend assisting each person and the atmosphere throughout the inspection was relaxed and comfortable.
- Relatives said there were enough staff to support people. One relative told us, "Residents can do what they want, baking or crafts or go out, so there are plenty of staff."
- Robust recruitment procedures were followed, which meant only suitable staff were employed at the home. This consisted of an application form, two references, interview records and disclosure and barring service check (DBS – police check).

Preventing and controlling infection

- The houses were clean, well maintained and the maintenance plan showed there was an ongoing programme of redecoration and refurbishment. This included replacement of windows, repairs and decoration of the conservatory and renovating bathrooms as needed. When rooms were redecorated people chose the colour they wanted, and any changes in communal areas were discussed and agreed with people.
- Staff had completed infection control and food hygiene training. They used personal protective equipment (PPE), gloves and aprons when needed. Where people worked with food, such as baking bread and making biscuits we saw regular hand washing and cleaning of work surfaces.
- A member of staff was responsible for infection control at the home and discussed how systems had been changed to reduce risk. Such as, replacing cotton towels with paper ones so they could be disposed of after use.
- Washing machines were available for people to wash their personal belongings in each house. Bedding and towels were washed in the main laundry and staff followed infection control procedures when transporting the linen.

Learning lessons when things go wrong

- Accidents and incidents were recorded, with information about what had happened and what action staff had taken. The registered manager audited them to look for trends and records showed there were none.
- Relatives were confident staff would prevent accidents and incidents as much as possible and would let them know if there were any concerns. One relative told us, "The staff keep us up to date with everything, I am quite sure they would tell me if anything happened."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into Nutley Hall, they also visited the home several times to meet people and staff. The information from the assessment was used as the basis of their care plan, which was developed with people and their relatives.
- Relatives said the staff had a good understanding of each person's needs and were very positive about the support people received. One relative told us, "We have regular meetings with the manager and care staff to talk about what (person) needs and what is best for them."
- Records showed the care plans were reviewed regularly and updated if a person's needs changed.
- Care and support was provided in line with current guidelines. For example, staff had identified the triggers that might change a person's behaviour. These were recorded in their care plan with clear guidance for staff to support the person if they became anxious.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training and were encouraged to develop their professional practice. Relatives said the staff were well trained and, "Are very attentive to (person) needs."
- Training included moving and handling, health and safety, first aid and equality and diversity. Other training, such as, driving lessons, introduction to crafts and walking people safely in nearby forests were offered if staff were responsible for these roles at Nutley Hall. Additional training was provided to ensure staff had the skills and understanding to assist people with specific needs. Such as, epilepsy awareness and emergency medicines.
- Staff said the training was very good and well organised. One member of staff told us, "We all do the basic training with other training depending on our responsibilities."
- All new staff were required to complete induction and the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a nutritious and healthy diet to maintain their health and well-being. Relatives said the food was very good, organic and often grown in the grounds. They told us, "They make lovely fresh, organic bread and lovely cheese biscuits" and "I don't think you could eat better, it's fresh, in season and they eat together like an extended family."

- People and staff met in each house at the weekend to plan breakfast and evening meals for the following week. One person told us, "We do meal planning Saturday and Sunday, we discuss and put ideas forward, then the meals decided on are put together for the next week."
- Staff said people were very involved in planning and making the meals and some chose to do certain jobs at mealtimes. We saw one person setting the table for lunch and another person using a trolley to take the meal from the kitchen to the dining room in the evening.
- Lunch was cooked in the large kitchen in the main building and transported to each of the houses. We sat with people in one of the homes for lunch. It was a social time for people and staff, they were chatting and were clearly relaxed and comfortable in each other's company.
- Snacks and drinks were available at any time. One person said they were thirsty; staff helped them to get a drink for themselves, to maintain their independence, rather than making it for them.
- There was clear guidance in the care plans for staff to assist people with meals. For example, cutting up food or encouraging people to eat slower.
- Specific dietary needs were met, such as gluten free. People were weighed regularly to ensure they were not losing or gaining too much weight, although staff were very aware of any changes in the amount people ate and drank. One member of staff told us, "We know when they are not eating enough, they might not be feeling well, and we discuss any concerns with the house co-ordinator and the manager."
- People were supported with their oral health. The support, guidance or prompting needed was included in the care plans, and staff talked about the importance of having healthy mouth and teeth for people's overall health.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with health and social care professionals to ensure people had appropriate support to maintain and improve their health and well-being. This included GPs, chiropodist, opticians. Complementary therapies were offered, and records showed a homeopathic doctor provided treatment. People had previous experience of homeopathic treatment and relatives were confident and supported its provision.
- A relative told us staff had been, "Tremendous with health issues." Another relative said, "The health side is all covered with the surgery, dentist and chiropody." Health professionals told us, "I have always found care staff well trained and patient and with a good knowledge of their patients' medical history, family background and are good communicators as advocated for residents' needs" and "Staff have good rapport with residents. Some people come in together others on their own, there are always staff around but they don't get involved in the treatment, residents happy to chat on their own with me and the staff."
- Records showed people attended appointments with health professionals or visits were arranged at the home if required. Staff knew when people may not be feeling well. Staff noticed one person seemed sleepy, which was unusual, and planned to talk to the staff in their house to see if they were sleeping well at night.
- Where people had been assessed as unable to decide if they wanted to see their GP or attend an appointment this had been discussed with relatives, who had power of attorney to make these decisions for them and agreed. For example, one person had a regular check with the optician.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People living at Nutley Hall had capacity to make decisions about how and where they spent their time; what they had to eat and drink and when they got up and went to bed. Staff supported people to be as independent as possible. Relatives said, "I don't think there are any restrictions on what (person) can do, it is up to them." "Staff encourage (person) to keep walking to keep fit" and "(Person) has a set routine, there is enrichment, which has helped them blossom."
- Staff had completed MCA and DoLS training. They had a clear understanding of consent, how to enable people to be independent while offering support when needed.
- Staff said, "Residents decide what they want to do, usually they join one of the workshops, it is up to them. If they want to go shopping, we can take them, and some have gone to the forest this morning." We noted people were not in their houses and staff said, "No, they don't stay here, they are always off doing something, they rarely sit watching TV during the day."
- MCA assessments had been completed to review people's capacity if specific decisions were needed, such as going to the hospital for treatment. Best interest meetings had been held with relatives, staff and professionals to ensure the best outcome for the person concerned.
- DoLS applications had been made when required and they had been agreed with the local authority. For example, where people needed constant accompaniment and support to ensure their safety.

Adapting service, design, decoration to meet people's needs

- Nutley Hall has developed and increased in size since it first registered as a care home. It is made up of seven separate units in six buildings, in a large well-maintained garden. It had a community feel and people and staff worked together to make and sell their own produce, such as baskets and candles.
- Between three and seven people lived in the houses. They had their own rooms, which they had personalised with their own ornaments and pictures. Staff were also accommodated, and they used the same facilities and communal rooms, including the kitchen.
- Relatives said their family members were very comfortable in 'their home'. A health professional told us, "The environment is one of celebrating individuals in a caring atmosphere with a myriad of stimulating activities, gardening, bakery, craft workshops, theatre and music."
- When rooms were redecorated people chose the colours they wanted, and any changes in communal areas were discussed and agreed between people and staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not able to tell us if staff were caring and provided the support they wanted; but we saw staff knew people very well, and they offered support and guidance when it was needed.

Relatives said, "We are so happy. The team are amazing, have no words." "Everything is thought out very carefully we can't fault it" and "They are very professional and respect residents' individuality."

- It was clear people and staff worked together as a team and communication was relaxed and friendly. Staff were respectful as they offered guidance. One person needed help with their knitting and the member of staff helped and said, "Do not worry we will put it right. We all get it wrong sometimes and this is how we learn."

- Staff knew each person's individual preferences, life story and interests, and enabled them to spend time as they wished. One member of staff said people changed their minds about the workshops and said, "It is up to them, we are here to support their decisions." Another member of staff said, "We all work together. I have developed my role in the home with the help of the residents and I support them to do the things they want to do."

- Staff had completed training in equality and diversity and explained how they supported people equally. One member of staff said, "I like the ethos here, we look to support resident's individuality and promote their path in life. We don't have one plan for everyone, each is based on the resident at the time, and it changes." Staff celebrated Christmas and other festivals and had an Offering Service on Sundays. People were free to choose if they attended these and, if they preferred, were supported to attend external religious services if they wanted to.

Supporting people to express their views and be involved in making decisions about their care

- People, relatives, staff and professionals were involved in reviewing the care and support provided.

Relatives told us, "There are regular meetings to discuss everything" and "Everything is thought out so carefully and discussed, but the residents make the decisions really, which is how it should be."

- A residents' forum met regularly to discuss the services provided and put forward ideas for activities and outings. From the minutes of the meetings it was clear people were invited to contribute to the agenda. They listed the upcoming birthdays, talked about the costumes they would wear for the carnival in February and where they would like to go for the community outing in May. Suggestions were put forward for the outing; they voted for their preference and the decision was to visit Windsor Castle.

- Community meetings were held weekly. These involved most people living in the home and the minutes

showed they shared information about where they had spent Christmas; what they had been doing that day and what they were looking forward to doing.

- The registered manager and staff said people were fully involved in decisions about all aspects of the services provided and were informed about any planned changes. For example, during the residents' forum staff talked about the planned fundraising events and told people work on the new building would start in the spring. People shouted 'hooray', which was regarded as an endorsement.
- Confidentiality was respected by staff. Personal information was kept locked in the office and in cupboards in each house.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people having their own space and promoted people's privacy and dignity. One person told us, "Staff leave us alone if we want to be on our own." A relative said, "All the residents seem very happy and I am really impressed with how they work together; the residents and staff, as a team."
- A health professional spoke about, "The close personal knowledge of staff regarding individuals in their care and diligence in supporting individuals through stressful events." Another one said, "Staff understand residents needs and notice if they are not quite themselves" and "They treat people with dignity and are always helpful and respectful to residents and me."
- People were encouraged to be as independent as possible. This included personal tasks, washing and dressing and keeping their rooms tidy. Staff said they helped people if they needed assistance but, as much as possible they supported people to do things themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do activities of their choice, in one of the workshops or in the community. Relatives said the activities were excellent. They told us, "They are always looking for new activities and residents only have to ask, and they try and arrange it." "They are looking at developing a pottery workshop, it is a community that continually develops and grows." A health professional told us, "The environment is one of celebrating individuals in a caring atmosphere with a myriad of stimulating activities, gardening, bakery, craft workshops, theatre and music."
- People had their own preferences and chose which activities to do. We saw people were weaving, knitting, rug making, doing crafts and basketry in small groups. One person was sweeping up fallen leaves and another was doing gardening with the gardener, despite the rain. Another group of people were in the nearby forest working on the woodland project.
- There were also opportunities for people to go shopping, go out for coffee or lunch and visit friends in other services. Trips out were arranged and people had visited the zoo in Kent. The registered manager and staff said the activities were planned with people and arranged to suit them so that they could spend time as they wished.
- People and staff met in the community hall before supper each evening to do a group activity. We joined them during the inspection as they had a sing-a-long. It was lively and sociable, and people took it in turns to choose a song. Although some people were unable to sing they clearly enjoyed listening to the music and being part of the community.
- Families, friends and people from the village were invited to join in activities and photos showed how well attended these had been. They included Maypole dancing, the Christmas play, drama sessions and playing music during a families and friends gathering.
- Staff said relatives were part of the community and were involved in planning the care and support provided. Relatives were very positive about the services provide at Nutley Hall and told us they were made to feel very welcome when they visited. Relative said, "It is wonderful for (person)." "So welcoming, the whole community" and "They always ask if I want a cup of tea which is very nice."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised to meet their individual needs, and staff consistently involved them in discussions about how these would be met. Relatives told us "There is truly amazing communication between residents, staff and relatives" and "We visit regularly so can see how well

they are cared for and how (person) enjoys being there."

- Records showed care plans had been discussed and agreed with people and relatives. Staff said there was very clear guidance for them to follow and they spoke knowledgeably about each person's individual needs and preferences. For example, one person liked to write, and staff were supporting her to make recipes for when their relatives visited.
- Most people had lived at the home for a number of years, some since it first opened over 60 years ago. People's ages ranged from early twenties to over 70 years and relatives felt this worked well, and we saw groups of people of different ages enjoying doing workshops, singing and eating together.
- House co-ordinators organised the running of each of the houses and staff were allocated to support people based on the person's specific needs and staff skills, experience and interests. Staff said everything was organised so that people had the same staff providing support. This meant they had time to get to know each other very well and people were confident staff had a good understanding of their needs and how these should be met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs varied; some were able to communicate verbally while others could respond to verbal prompts and others used different expressions and body language. For example, one person had put their coat on and held out the zip to ask someone to help them do it up, which they did. Relatives said staff communicated well with their family members; they spent time with people to make sure they had the support they wanted and took part in activities of their choices.
- One member of staff told us, "Each resident can tell us how they feel and what they want to do, it may not be through speech, but we know what they mean." Another member of staff said, "We know the residents very well, their likes, dislikes and what their expressions mean if they use those to communicate with each other and us."
- People's care plans had specific details of their communication support needs, with clear guidance for staff. For example, when one person was confused they became anxious and might cling to staff. To prevent this staff followed a daily routine to help the person feel secure and safe and so they could relax and listen to what staff were saying.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, with easy read and pictorial format, that were accessible to people, relatives and staff.
- We looked at the complaints folder and found very minor incidents or comments between people. The registered manager said they were usually resolved quickly when they spoke to the people involved and records showed what action had been taken.
- Relatives said they had no concerns about the support and care provided and had no reason to complain. One relative said, "I have no concerns or complaints. (Person) has lived at Nutley Hall for a long time, they know them so well, I can't speak highly enough of them, has a lovely life."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Well led. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- From the positive comments people, relatives and health professionals made and our observations it was clear that the culture at Nutley Hall was inclusive and empowered people, with the support of staff, to decide how they lived their lives. Equality characteristics were recognised and discussed as part of care plan reviews.
- Relatives said the home was well managed. The registered manager had an open door-policy and took part in supporting people and joined in activities. A relative told us, "(The manager) is amazing. Everything is thought through and planned very carefully so residents have a really good life" and "A very stress-free environment, therapeutic activities linked to nature and the seasons, it is wonderful for (person)."
- Health professionals said, "Staff have good rapport with residents. The manager and deputy are very good." When a resident needed support before and after surgery, "Staff were excellent, supporting (person's) understanding of the problem, accompanying them throughout, resulting in a very successful result."
- Satisfaction surveys were given to people and their relatives to encourage feedback in addition to the day to day discussions and the resident meetings. The responses were analysed, and action was taken where improvements were needed. The responses were very positive and included, 'Each resident is treated as an individual. They are known and understood and helped to develop and grow. The care is excellent' and 'Nutley Hall's strengths are in providing a safe, secure environment enabling the community to feel free, independent, creative and valued as an individual. Each person can contribute according to their skills and ability'. Improvements were suggested in activities and the environment and the registered manager was addressing these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- An effective quality assurance system monitored all aspects of the services provided. Audits were completed by the registered manager, these included care plans, medicines, infection control, health and safety, and accidents and incidents.
- Staff had regular meetings and were kept up to date about people's needs, and they had opportunities to discuss any issues and put forward suggestions. The minutes were available to staff and showed they

discussed all aspects of the service provided, including accidents/incidents, workshops, staffing and people's needs.

- Staff were clear about their roles and responsibilities and felt valued. Staff felt the registered manager promoted a positive culture at the home, for people and staff, who said they were very happy working at Nutley Hall. One member of staff said, "(The manager) is very good. I really enjoy working here. We all work as part of the community and I think we have the same ethos."
- The registered manager was aware of the requirement to notify CQC or any changes that impacted on people using the service and notifications were sent in when necessary to inform CQC.
- The registered manager understood their responsibility under duty of candour. Relatives said they had regular meetings with the registered manager and staff, and they were contacted if there were any concerns or their family members needs had changed.

Continuous learning and improving care; working in partnership with others

- The registered manager had been responsible for the day to day management of Nutley Hall for several years. He knew people, their relatives, friends, staff and professionals very well, and the home had become an established part of the local community.
- Staff worked with other services, health and social care professionals, the community learning disability teams and the local authority to ensure people's health and care needs were met and best practice maintained.
- People had developed strong links with the local community, through selling their homemade products and using the local shops and businesses.
- The registered manager encouraged personal development for staff and provided them with opportunities to develop their practice. One person said they had changed their role in the home and the management supported them to do this. Another person was looking forward to doing supervision training, so they could support colleagues through supervision.