

Mrs Alison Lee

Hardwick View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 18 May 2017 and was announced.

Hardwick View is a residential care home providing care and accommodation for up to 20 people. On the day of the inspection 19 people were using the service.

Hardwick View provides care for people with a learning disability.

Hardwick View is a large house. There were shared bathrooms, a shared kitchen and a shared lounge and conservatory. There was a large outside garden area. Access to the house was step free. In addition there was a further smaller bungalow within the grounds for people ready for more independent living.

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

People's quality of life continued to improve under the leadership of the management team. Staff and relatives all described the management in exceptional terms. Staff talked positively about their jobs and their shared commitment to people achieving their best. Care was compassionate and based on best practice. The staff team were highly motivated to achieve excellent care so people had the best quality of life possible. The registered manager and deputies were caring and proactive, they ensured effective and close monitoring of all aspects of the service to ensure ongoing improvement across all areas.

On the day of the inspection staff within the service were relaxed, there was a welcoming, calm and friendly atmosphere. Relatives repeatedly told us, "It's like a large family". Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people and their loved ones. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People led very busy, full lives at Hardwick View. People told us they enjoyed football matches, shopping and coffee outings, pamper evenings, arts and crafts and we saw everyone enjoying a pet therapy afternoon during the inspection. Special events had been held such as a music festival and dog show which people had thoroughly enjoyed.

Some people had limited verbal communication but we observed they felt comfortable with staff, were warm, tactile and engaged in their interactions with staff. Staff knew people's individual communication

styles. Other people we met were keen to share what they had been doing since the previous inspection, and showed us around their home. We heard of people's exciting trips to watch football in London, balls attended and people being chosen to represent England at the Special Olympics.

Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's unique preferences were identified, known by all staff and respected. People's rooms were decorated with their favourite things, for example, football and Dr Who memorabilia. People were supported with their personal choices for example one woman who was 78 had just had her ears pierced and was enjoying buying new jewellery to match her outfits.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home, equipment was well maintained and outings to external venues risk assessed. Staff discreetly monitored people's behaviour and interactions to ensure the safety of all the people and staff at the service. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People's risks were managed well, known by all staff and monitored. Staff were highly motivated and creative in finding ways to overcome obstacles that restricted people's independence and would help to improve their self-esteem and confidence.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making and advocacy services were used when required. The service followed the laws and processes in place which protect people's human rights and liberty.

People were supported by staff teams that had received a comprehensive induction programme, tailored training and ongoing support that reflected individual's needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staffing levels were flexible dependent upon people's needs and activities.

The service had a policy and procedure in place for dealing with any concerns or complaints. No written complaints had been made to the service in the past twelve months.

There were robust quality assurance systems in place. Feedback from relatives and professionals was excellent. Any concerns however would be noted, listened to and action taken.

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 remained safe.

People who used the service felt safe in the service and in the community. There were robust systems in place to minimise the risk of abuse and staff were clear about their role to protect people from harm.

Risks associated with people's care were managed safely whilst promoting people's independence.

There were sufficient and flexible staffing levels to support people's needs. Staff were recruited safely.

People were supported by staff who managed medicines consistently and safely.

Is the service effective?

Good 

The service remained effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Outstanding 

The service remained exceptionally caring. People were supported by kind, thoughtful staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff. Systems were in place to ensure people's views about their care were listened to.

People were cared for in a culture which was person-centred and

focused on promoting people's rights to make choices and have meaningful, fulfilled lives as independently as possible.

People were valued by staff and they knew they and their family members mattered. People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was very responsive. Care records and people's care was personalised to meet people's individual needs. Staff knew how people wanted to be supported, their likes and dislikes.

People were fully involved in all aspects of the service from recruiting to decoration decisions and event planning.

People were supported to have as much control and independence as possible.

People were encouraged to participate in a huge range of hobbies and interests. Staff understood the importance of companionship and social contact. The variety of activities on offer enabled people to develop new skills and confidence.

The service had a policy and procedure in place for dealing with any concerns or complaints.

Is the service well-led?

Good ●

The service was very well-led. There was a strong emphasis placed on improvement. There was an open culture and person centred ethos which was shared by the staff team.

The management team were described in extremely positive terms exceptional terms, were highly approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care under the leadership of the registered manager.

Quality assurance systems were effective, robust and drove improvements which raised standards of care.

Care was proactive, based on best practice and the service actively looked for ways to improve and enhance people's lives.

Hardwick View

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.

The inspection was undertaken by one inspector for adult social care and took place on 18 May 2017. The inspection was unannounced.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager and provider. We met and spoke with all the people who lived at Hardwick View. We spoke with three relatives during the inspection, one staff member contacted us following the inspection and two further relatives completed feedback forms we had left at the service.

We looked at two records relating to people's individual care needs and discussed the care and support other people at the service received. These included support plans, risk assessments and daily monitoring records. We also looked at records relating to the administration of medicine, one recruitment file and records associated with the management of the service, including quality audits and feedback questionnaires from people, staff, relatives and ten professionals.

Is the service safe?

Our findings

The service continued to provide safe care.

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe within in the local community.

People were supported by staff that had received training in safeguarding, and could recognise signs of potential abuse. Safeguarding policies were easily accessible and staff were confident in discussing signs they might look for. One staff member told us they would look for behaviour changes, for example people being withdrawn or agitated. People were regularly asked if anything was worrying them at the weekly house meetings and during one to one time with staff. Discussions were held about what was right and wrong behaviour and what might constitute inappropriate interactions. Pictorial safety cards were also used with people to help them understand what being safe meant. Staff confirmed reported signs of suspected abuse would be taken seriously, investigated thoroughly, and appropriate alerts would be made to protect people.

We spoke with the registered manager about how people's money was managed to ensure it was kept safely and spending agreed. Appointees were in place for some people to support financial management and some people were under Court of Protection if they did not have the capacity to manage their finances. Audits were regularly completed to check incoming and outgoing expenditure. Discussions about large expenses such as holidays were discussed with all parties involved in people's care to ensure people's money was spent wisely.

People were supported by suitable staff. Many staff had worked at the service for many years. New staff underwent robust recruitment practices and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People living at Hardwick View met potential new staff and were encouraged to provide feedback. Staff interaction between people and new staff was observed by the management team prior to recruitment to ensure staff had the right values and attitude to work at the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager and deputies regularly reviewed the staffing levels, so that people received reliable and consistent care, and to help ensure staff could be flexible around people's needs and activities. When people had required additional support for example when they had been in hospital, the service continued to support people to ensure they had their needs were met safely in this setting.

Staff were knowledgeable about people who had behaviour that may challenge others and possible triggers. Staff were skilled at diffusing situations when needed and gave people time and space to calm themselves. Care plans were detailed and gave staff guidance about how to avoid where possible (but if necessary), manage potential situations. Staff told us, "We never use restraint, we try and diffuse for

example, people arguing – we distract them and de-escalate."

Some people had behaviours which could put their health at risk. Staff sought advice from people's psychiatrist and followed their guidance and management plans to reduce the likelihood of their behaviour impacting upon their health.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risks and maintain people's independence. People had pictorial plans and were involved in decisions around the risks they took. Staff confirmed they followed risk management plans to ensure restrictions on people's freedom were minimised. For example there were robust plans in place to keep people safe when out of the home if they had poor traffic and road safety awareness. Those at risk of falls had clear guidance in place to ensure they were wearing the correct footwear. People's risk assessments were effectively reviewed and changes were read and signed by all staff.

Medicines were administered consistently and safely. No one was on medicine without their knowledge (covert) and no one was prescribed medicine which required additional storage for safety purposes. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. We looked at medicines administration records (MARs) and noted all had been correctly completed. The service had a medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed, when they might need additional medicines and the level of assistance required from staff. These guidelines also included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

The provider had essential training staff were required to complete for example safeguarding, fire and health and safety training. Additional training was provided for staff to support people who had additional health needs and staff had recently completed an end of life course. The deputy manager closely monitored staff training to ensure it remained in date. The deputy manager told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role.

Staff received a thorough induction programme which included shadowing experiences when they started with the provider. The deputy manager monitored people's progress through competency reviews to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the training health care assistants and support workers received in social care settings. Staff told us, "I have had a three month induction as was new to care, regular supervision – it had definitely given me what I needed. Staff have all been so supportive, always someone to answer any questions I have."

Staff were supported by a system of supervision and an annual appraisal in addition to informal support which was available at all times. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Staff told us "We assume people have capacity." Care records evidenced where the service had been involved in and supported best interest's decisions that had been made. For example following a person falling staff had a best interest discussion regarding whether it remained safe for them to use the garden. Staff also gave an example about discussions which were held with one person's psychologist regarding their ability to consent to a sexual relationship. The decisions had been clearly recorded to inform staff.

We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty when receiving care and treatment when this is in their best interest and legally authorised under the MCA. The application procedure for care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. No one required a DoLS but the deputy manager told us they kept

this under constant review.

People where appropriate, were supported to have sufficient amounts to eat and drink. At the weekly meeting people contributed their views and ideas for meals for the forthcoming week. Some people enjoyed helping with the food shopping and food preparation for example peeling the potatoes and vegetables. Staff knew what foods each person liked and disliked. Staff shared with us how they monitored people's food and fluid intake where required and communicated with each other to help ensure people maintained a healthy balanced diet. People's weight was monitored closely and GP advice sought if staff were concerned by weight loss or gain. We saw people were freely using the kitchen and enjoying a home cooked cottage pie for lunch.

Where people had particular health needs or behaviours which placed them at risk of choking during meals, there was clear guidance in place for staff and people were observed closely. Following a previous choking incident at the service, staff had quickly asked for an assessment by the Speech and Language Team and the person's care plan clearly detailed the supervision they required during meals.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. During the inspection one person had sore eyes, the GP was contacted and medicine arranged quickly to relieve their discomfort. Another person was under the care of the district nurse who visited to attend to one person's dressings.

People lived in a home that was maintained. The deputy manager talked through recent upgrades in the home to ensure people lived in a suitable environment. The main bungalow had been re decorated and people had contributed to the colours and pictures on the walls. People had chosen a seaside theme in the hallways as it brought back good memories. A large, previously underused room had been made into a bright, new art and crafts rooms. People's craft work and jewellery they had made were proudly displayed. The garden had a new Jacuzzi, a new chicken house and a relative was supporting people to grow some vegetables.

Is the service caring?

Our findings

The service remained exceptionally caring.

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. The thoughtfulness we saw at the previous inspection continued with staff going the extra mile because people were special to them. For example staff had taken one person to London to watch the football in their own time, Sunday roasts were delivered to one relative's house and staff had ensured when one person was in hospital they were there several times a day and spent the night when needed to reassure them, and get them back to their home as quickly as possible. Relatives told us, "So well cared for; they love it here and that's all that matters"; "Always there for her; she loves all the staff"; "Staff are always polite and relaxed, I'm treated like one of the family"; "It's nice to just come here, even if (...) is out, I'll chat with people and staff and have a cuppa"; "We come on a regular basis and always see how happy everybody is"; "Such a friendly atmosphere, so welcoming, you can ask / say anything"; "It just feels like you are part of a massive family"; "It's better than we could ever have anticipated."

Professionals had also shared their views through questionnaires we reviewed, "Warm, friendly setting with staff dedicated to individual quality of life"; "I've visited in relation to fire safety for 5 years – consistent, caring, professional attitude and approach which is reflected in the atmosphere, happy, happy staff = happy residents."

Equality and diversity was understood and people's strengths and abilities valued. Those able had special roles within the home. Some of the ladies liked to help with the housework and cooking whilst one person proudly told us they cared for the chickens. One relative told us, "He's encouraged to Hoover, polish and dust, things he's capable of doing he's encouraged to do. He's helped with small maintenance jobs and painting, things which make him feel worthy."

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. Staff told us people at the service were like their extended family and shared people's achievements with pride. One family told us how special their relative had felt going to a London football match, meeting the commentator and having lunch in the suite at Wembley. They went on to say how the previous week they'd had their room redecorated with new football wallpaper, "He's never had anyone do things like that in his life – he was over the moon!"

Staff took time to get to know people by reading their care records, talking to their family and discussing people with the team. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were distressed or in pain because they knew them well. They took prompt action to address what might be causing someone's anxiety. For example by providing one to one time with people or engaging them in an activity. When one person had been unwell with a serious health

condition, one member of staff supported them through all the hospital appointments and treatments even on their days off to ensure continuity of care and support for them.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. The service felt people had a right to a life free from intrusion and unnecessary interference. All people at Hardwick View were regarded as worthy and their uniqueness respected. People were empowered to exercise their rights and achieve their full potential.

We observed people felt comfortable around staff and appropriate touching and physical contact between people and staff indicated people felt they mattered and belonged. As we arrived for the inspection most people came to say hello and have a chat. People came into the manager's office regularly throughout to inspection to ask questions or have a chat.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened to and respected. People had their own styles of communicating and we observed staff were patient as they tried to understand people expressing what they wanted through hand gestures and facial expressions if they had limited verbal communication skills.

People were supported by staff who invested time to understand individual communication skills, preferences and abilities, particularly those less able to communicate verbally. Staff were skilled at responding to people appropriately no matter how complex the person's needs were, to help ensure people felt they mattered, and had control. Staff talked us through various effective methods they used to assist people to communicate. For example, using picture cards, pictorial care plans, symbols and leaflets and showing people things on the internet such as places they were visiting. One person guided staff to show them what they wanted and other people were able to lip read. Clear guidelines were in place for staff to speak slowly and look at the person to support them to communicate effectively.

Advocacy support services were available for people if needed, however staff and families also advocated on people's behalf to ensure their care was person centred and in their best interests.

People were encouraged to be as involved in their care as much as possible despite the challenges they faced. Relatives confirmed they were involved and kept up to date. All relatives told us the deputy manager regularly telephoned them or emailed to let them know how their relative was or what was going on within the home.

People's confidential information was kept secure and staff understood the need to respect people's private information.

Is the service responsive?

Our findings

Hardwick View was very good at recognising and supporting people's diverse needs. Equality and diversity was valued and barriers to social inclusion removed.

People were protected from the risk of social isolation and staff recognised the importance of companionship and supporting people to maintain relationships with those who mattered to them. People were enabled to take part in activities and encouraged to continue their hobbies and interests. People led very active and full lives. For example, wine tasting evenings were enjoyed, trips to the library and aquarium, coffee outings, golf and football matches. A dog show had also been held and fundraising plans were afoot to buy a defibrillator. The ladies at the service enjoyed visits by the hairdresser, nail technician and spa pamper nights. Cinema and theatre outings were frequent events to see the latest releases and shows. People had attended a local ball too, the service had arranged for a limousine and champagne. Great fun had been had buying new outfits. This event had been particularly meaningful for some parents whose children had never had the opportunity to attend a school prom. Staff knew people's favourite activities and did all they could to incorporate people's hobbies into their life at Hardwick View. During the inspection, people were enjoying a lady visiting with guinea pigs and a lizard. People enjoyed stroking and holding the animals whilst learning about these creatures.

People who had individual goals were supported to achieve these also. Staff shared with us how one person loved jewellery and wanted their ears pierced. They were supported to achieve this and it made them feel empowered that they could make decisions about their life at the age of 78. They were now enjoying purchasing earrings to match their outfits. Another person had their photo taken with famous footballers and had created it into a signed t-shirt which they loved. They told us, "This has been the best four years of my life!" Another person had been chosen to represent England at the Special Olympics in Birmingham playing Boccia. This had had a huge impact on this person's self-esteem and confidence.

The service had held a music festival within the grounds and many people told us what a fantastic event this was. People living at the service were involved in all the preparations for the event which included live music, bouncy castles, face painting and a photo booth. The local community and other care homes were invited and people were photographed for the local paper. This event helped people realise how capable they were at developing new skills, they have since remained in contact with friends developed through organising and participating in this event.

At Christmas one person expressed they would like to be involved in the Santa's grotto which was part of the annual Christmas bazaar. The person was supported to express his ideas to decorate the grotto, dress up as Santa and issue the gifts to the children that visited. They wanted to be Santa again next year as doing this made them feel good about themselves and improved their confidence and self-esteem.

Links had been made with Plymouth College Art and Design to enable one to one therapy and art therapy for people to enjoy in the new art room. The service was looking at opportunities to exhibit the work people had created.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. New admissions were carefully considered to ensure they were right for the service and would be happy at Hardwick View. People living at the home were involved in discussions about potential new people moving to the service so they felt involved and because many people had lived at the service for a considerable length of time. Staff made every effort to empower the person and their family to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were invited to visit, have lunch and when they were ready stay for a night. Admission was very much at the person's own pace.

People and their families where possible were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff, were skilled in supporting people to be involved in their care and in assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example staff had noted one person was no longer enjoying their college activities so the service had responded by reviewing their activity plans to address this.

Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. A physiotherapist had commented, "Care is individualised and client centred. Care plans and risk assessments relating to falls and mobility are detailed, in place and regularly reviewed." This support had helped people regain their mobility after an operation.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff about how to make sure personalised care was provided. For example, people's preferred name was known, what time they liked to wake and rise and how they liked to spend their time. For example one person liked to sit in the garden and keep an eye on the chickens. People's particular interests were known for example one person liked the royal family and Elvis Presley. Staff also knew they disliked large meals and waiting around. They knew people's health conditions, for example those with hearing problems so knew minimising background noises were important considerations. Staff also knew what made people happy and smile, for example being tickled, having their forehead rubbed and being sang to.

The people at Hardwick View were fully involved in the refurbishment of the communal areas and their bedrooms. Bedrooms were varied and included Dr Who themes, an aquarium scene, Plymouth Argyle, cars and a floral paradise. People were encouraged to purchase the paint and wallpaper and take ownership for their ideas. One person wanted to paint their own room and they were supported to do this; another said they loved going out to choose the colours, the bedding to match the curtains, and new furniture for their DVD's.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. For example one person had recently been diagnosed with poor bone density. Review plans were put into practice by staff and regularly monitored. Regular staff handovers and staff meetings shared important changes to people's care. This meant staff knew what had changed and how to care for people as they required.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was visible and accessible for all at the entrance to the service. People were asked in the weekly meetings whether they had any concerns. People's behaviour was monitored through observation for any changes which might mean they had concerns. People and relatives advised they had no complaints. They told us if there were ever minor issues, they were addressed so promptly they never escalated. Staff told us, "We're

here all the time, the door is always open so people / relatives will come in and talk to us, and it means we can sort things out quickly."

Is the service well-led?

Our findings

Hardwick View was a family owned and run service. The provider and registered manager were very involved in all aspects of the service. Their daughter, who had grown up as a child at the service living with everyone, was now one of the two deputy managers. The registered manager told us, "(...) loves these clients; they are always in her thoughts." Professionals feedback in the forms we reviewed consistently commented the service was "Well run, well organised"; "Always a warm, welcome, pleasure to visit"; "Staff are supported by management at every point".

Staff told us, "I feel a valued and respected member of the team"; "I can speak to management about any concerns, anytime"; "We work well as a team and to a high standard"; "It's a fantastic place to work – we communicate well, work hard, a great place for people to live"; "Managers are approachable and deal with any problems efficiently."

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The deputy manager shared with us how the responsibilities of the two deputies were divided and how they worked across the week so one was always available, "We know our responsibilities, we try and involve staff in all we do. Staff had their own set responsibilities for example water temperature checks, weight charts, infection control and other health and safety tasks." There was a new role of health and well-being champion who was undertaking a 12 month course and bringing new ideas into the service and a dignity champion to ensure Hardwick View stayed abreast of changes and research in these areas.

Relatives, without exception, all described the management of the home to be excellent. Comments included "They are all very approachable, open and supportive." There was a positive culture within the service. The values within the service included, freedom to make choices, freedom to be given opportunities, person centred care and to be a home for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. Relatives told us, "It's brilliant. Such a great atmosphere; staff are encouraged to have their input with all decisions. The management team are open to suggestions from everybody"; "Nothing could be better, they are improving all the time. There is a rolling improvement programme – the new art and craft room, more outside activity and the music festival was amazing"; "We communicate by email, anything that's going on, we know."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people, staff, professionals and families to be involved and raise ideas that could be implemented into practice.

The registered manager told us staff were motivated to enhance the service they provided. Regular staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. The service was signed up to relevant best practice websites to ensure evidence based practice was maintained.

The service worked in partnership with key organisations to support care provision. The deputy and

registered manager confirmed they had good working relationships with nurses from the learning disability team and people's doctors.

The management team created an open, honest culture. This reflected the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The management team inspired staff to provide a quality service. Staff were empowered under their leadership, told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The PIR completed by the registered manager said, "I have managed Hardwick View for 25 years and have known many of the people who live here for longer. When opening my values were always to foster an atmosphere of care and support which both enables and encourages our service users to live as full, interesting and independent lifestyle as possible. I am committed to providing them with high quality care. Being a good manager is about not always being office based but it is about engaging with service users and continually monitoring the care people are receiving."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

There was an effective and robust quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.