

Ideal Carehomes Limited

Hepworth House

Inspection report

City Field Court
Stanley
Wakefield
WF3 4NG

Website: www.idealcarehomes.co.uk

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Hepworth House is a purpose built residential care home providing personal care for up to 66 people. The service provides support to older adults and people living with dementia. At the time of our inspection there were 38 people using the service.

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

Service design was focused on people who used the service and promoted their comfort and safety. The home was exceptionally clean and well maintained. Systems were in place to manage medicines safely and promote independence. People were encouraged and supported to self-medicate to maintain their independence. Staff dependency calculations and actual staff on duty were available for people and their relatives to see in the reception area demonstrating transparency and showing people there were sufficient staff on duty to ensure their safety. The service had very effective monitoring systems in place. The service was extremely responsive and proactive in identifying areas that could put people at risk. People and their relatives were extremely complimentary about how they were kept safe.

People were actively involved in their care and the service was creative in engaging and empowering people and their relatives. The service embedded best practice to meet people's individual needs and ensure they received good healthcare. The service had a strong emphasis on encouraging people and their relatives to give their feedback on the service, to ensure they were providing outstanding quality support. Systems were in place to ensure people were able to make day to day decisions about their care and encourage people to do so. The service had a special focus on ensuring mealtimes were very enjoyable and provided a social experience for people. Staff had excellent relationships with people and used effective communication skills to promote choice and inclusion.

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.

People received a consistently outstanding standard of care because the staff and management team placed people at the heart of the service, while continuously seeking new ways to improve their well-being and enrich their lives. The service had outstanding facilities in place to promote people's social involvement and inclusion. People told us they felt listened to and that staff were extremely caring and compassionate. There was an incredibly friendly, positive and homely atmosphere throughout the service.

The service was exceptionally responsive and the staff had an excellent knowledge of people's diversity, values and beliefs. The service consistently met the needs of the people based on their wishes, enhancing their quality of life. People were involved in activities that were chosen by them and were meaningful to them. People and their relatives were involved in community projects and charity events to enable them to live full and active lives.

The registered manager and staff team were focused on providing a person led service that promoted positive outcomes for people. The registered manager sought to implement innovative ways to improve the service. There was very strong, clear leadership in the service and the registered manager was an excellent role model for the staff team ensuring and directing continued development and improvement of the service based on feedback from people. Staff were exceptionally motivated in their roles and were actively encouraged to develop their skills and knowledge.

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

Rating at last inspection

This service was registered with us on 02 July 2021 and this is the first inspection.

Why we inspected

We carried out an inspection of a newly registered service to give the provider a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Hepworth House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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

Hepworth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hepworth House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with six members of staff including the regional director, registered manager, activities coordinator and support workers. We spoke with six relatives about their experience of the care provided.

We reviewed a range of records. This included three care records and multiple medication records. We looked at two 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

This is the first inspection of this newly registered service. This key question has been rated outstanding.

Systems and processes to safeguard people from the risk of abuse

- The provider had extremely effective systems in place to safeguard people from the risk of abuse and avoidable harm. People and their relatives told us they felt very safe in the service.
- The registered manager had robust monitoring systems in place to effectively manage safeguarding concerns. Records were detailed and showed a root cause analysis was completed, this ensured lessons were learned from incidents and action was taken to mitigate risks to people.
- People were supported by a safeguarding champion who carried out regular informal meetings with people and staff. This gave them an avenue to raise concerns in a comfortable environment. For example, one person had decided they wanted to get out of bed at a different time and this was immediately implemented for them.
- People and their relatives were extremely positive about how staff kept people safe. One person said, "I feel very safe and comfortable and always have done here. I came in for respite and said I am not going home." A relative said, "[Name] is safe, I think we dropped extremely lucky when [name] came here." Another relative said, "My loved one is safe, they are regularly checked through the night, as they were increasingly unsafe at home."
- There was an open and transparent culture in the service. Staff fully understood their roles in protecting people from abuse and had received training on how to spot signs of abuse. Staff told us they felt able to report any concerns, one staff said, "I would report anything that was not compliant with good care."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Service design was focused on people who used the service and to promote their safety. The service had very effective monitoring systems and was extremely responsive and proactive where any areas were identified that could put people at risk.
- The service promoted safety through the layout of the building and equipment. For example, corridors were wide, light sensors were placed in all corridors and bathrooms, assisted baths and shower rooms were purpose built and readily available throughout allowing easy access and promoting safety for people using them. People had en-suite facilities, gel mattresses and profiling beds. This promoted comfort, reduced pressure area risks, promoted cleanliness, mobility and safety for people. The home was exceptionally clean and well maintained.
- Each person's room contained a lockable cabinet for people to keep their belongings safe and had built in wardrobes to promote safety. People made their own individualised door signs to assist them to recognise their own rooms and promote independence.
- The provider had excellent audit systems in place to identify and respond to risk. A recent audit had

shown a slight increase in the risk of pressure sores developing, the registered manager immediately put measures in place to further mitigate risks to people. For example, introduced a specific pressure sore audit and ensured staff revisited training and guidance. This initiative was very successful and reduced the risk of pressure sores developing for people, improving their health, comfort and quality of life.

- Accidents and incidents were logged and identified patterns and trends. This flagged up where action was required to reduce risks to people. For example, a recent falls analysis identified an increase in falls for one person, equipment was put in place and the service liaised with the GP to reduce the risks to them.

Staffing and recruitment

- Enough staff were deployed to meet people's needs and people were cared for by a core team of staff to provide continuity. Staff told us that staff morale was excellent and that this positively impacted on people in their care.

- We observed staff to be extremely friendly and knowledgeable about people's needs. Care was focused around meeting individual needs and promoting their safety and independence. A relative told us, "When [name] rings the buzzer at night, staff will make them a cup of tea and sit and have a chat with them."

- People who used the service were actively involved in staff recruitment and we saw an example where people were involved in the recruitment of a new chef. Staff were recruited safely and all required pre employment checks were undertaken prior to commencing employment.

- Staff dependency calculations and actual staff on duty were on display in the reception area showing people and their relatives there were sufficient staff on duty to meet their needs and ensure their safety. A relative said, "On our regular visits which are always unannounced we have yet to meet a member of staff who isn't smiling, pleased to see you and happy to do anything practically possible to make sure that [name] receives high quality care."

Using medicines safely

- Medicines were safely managed, people told us they received their medicines when they needed them and systems were designed to promote independence for people.

- People were encouraged and supported to self-medicate. For example, one person was able to self-medicate, however their limited mobility made this difficult for them. Measures were put in place to assist the person with their mobility needs, allowing them to continue to self-medicate and maintain their independence.

- Staff who administered medicines had been specifically trained to do so and competency checks were in place to ensure procedures were followed.

- Staff were proactive to ensure any changes needed to people's medicines was recognised and implemented. A relative said, "[Name] was taking pain relief and didn't seem right, [name] was asleep all the time. The staff had their wits about them, they got it checked and changed it. I was very happy with this."

- The registered manager carried out audits to ensure medicines were given as prescribed and managed safely. Regular stock checks were in place and medicines were stored and disposed of safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were receiving visitors and this was actively encouraged. The service provided a warm and welcoming atmosphere, private spaces, and implemented various activities for visitors to come and spend quality time with their loved ones. A relative said, "We came for afternoon tea. It was really nice."

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People were actively involved in their care and the approach to risk was carefully balanced with independence to maximise their control over their lives. The service was creative in engaging and empowering people and their relatives in their care
- People made choices that suited them. For example, one person living with parkinson's disease had an increase in falls. The person was involved in designing their own care around this which resulted in increased observations being implemented, this ensured this person was able to retain their independence. The person was offered a sensor mat to be put in place, but this would have reduced this person's mobility and privacy which they didn't want. The person was fully involved in designing their own care and had control over their life.
- People and their relatives were recently provided with dementia training, to promote understanding of the condition. Relatives were extremely positive about this training, one relative said, "I feel very sorry for people who have this condition but now I understand some of the things they can do." And another relative said, "I am really grateful to have been invited to this session, it was very useful and I have learned a lot."
- Technology was used to ensure people had a meaningful life and were actively involved in their day to day decisions about their care. A large screen in the reception area showed a range of information to keep people informed and promote choice. This included meal plans, staff on duty and the planned activities for the day, this information was presented in both pictorial and written formats.
- Religious and cultural needs were promoted and celebrated. Connections with various different religious services were available for people, they offered visits and provided local news. A non-denomination Pastor visited monthly to address needs as requested. One person had been part of Quakers before moving in, the service implemented visits from them. A pop-up café was held monthly, celebrating different cultures, these included food, music, pictures and traditional values. These were based around individual people, but also for sharing information about other cultures.

Staff support: induction, training, skills and experience

- Staff were proactively supported and were exceptionally motivated in their roles. Staff received regular supervisions that actively encouraged them to develop their knowledge and skills.
- Staff supervisions covered a range of topics to support them in their roles and to improve people's care. Staff training and development was explored and implemented. People's individual needs were discussed, and action taken to improve people's well-being. Records showed positive impacts had been made for people. For example, one person's daily routine had changed in line with their choices.
- Staff completed a comprehensive induction and had ongoing training and support that enabled them to

carry out their roles effectively. Staff induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- People and their relatives were confident in the staff team. One person said, "Staff know what they are doing, I am happy here." A relative said, "They take the time to discuss [name] needs and to involve themselves in the wider family. You really do feel that they care, are interested and investing in their residents."

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

- The service had a strong emphasis on ensuring meal-times were a very enjoyable and social experience for people. Staff had excellent relationships with people and used effective communication to provide choice and inclusion.

- People were given choice over all aspects of their meal, where they wanted to sit and what they wanted to eat - people who chose to eat in their bedrooms had a dedicated member of staff to ensure they had their choices met. We observed choice being promoted throughout mealtimes. We saw staff encouraging and supporting people to go to the kitchenette counter to look at and choose their food. Alcohol was available for people to have with their meals.

- People had access to fresh fruit, individually wrapped snacks and crisps which were available throughout the home. People had their own fridge in their rooms, one person told us they really liked this as they could keep their chocolate in it. Tables were set with fresh linen and individually wrapped condiments were available. Staff promoted a relaxed atmosphere, we saw staff asking people if they would like music on during their meal.

- People's preferences and cultural needs were tailored to them, one person told us, "The food is good. I get a choice. I am a vegetarian and I get that. They bring you a snack during the day and at night. It's enough for me." A relative told us, "Staff went through what meals [name] likes and they can have wine with their meals."

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

- The service was innovative to ensure best practice was in place to meet people's individual needs and experience good healthcare. The service worked towards and achieved outstanding practice.

- Staff were champions in safeguarding, dementia, skin integrity, falls, medication, end of life care, nutrition and infection control. The champions linked with community agencies to ensure up to date guidance and best practice was followed to drive improvements and ensure these were embedded into practice. For example, the infection control champion had strong links with the local healthcare team. The nutrition champion had recently introduced healthy snack making into the activities programme, to support people with weight management.

- Feedback from professionals visiting the service was extremely positive. One professional comment seen stated, "The home is beautifully presented and well ran. I visit from a local GP surgery every week, and the staff are always very helpful. The residents always seem happy and well cared for." Another professional's comment stated, "Thank you, what a fantastic staff team, they could not have been more welcoming and helpful."

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

- People and their relatives were extremely positive about the environment. The service had outstanding facilities in place to promote people's social inclusion.

- The service was designed to ensure people were comfortable and felt at home. Lounges contained a

kitchenette for people to use, there was a sky bar with a balcony, library, cinema, café, hairdressers, gin bar and a garden room. We saw these were actively used. We saw one person enjoying a bottle of red wine with their relative in the sky bar.

- The provider had award schemes in place, to encourage staff and people to be actively involved in the service. For example, Hepworth House had recently won a gardens in bloom award. People had been involved in creating a sensory garden and a fairy garden which were also lit up at night so people could see them. This was a lovely space for them to spend time in that they had helped create.
- Diversity was celebrated by the service, some people were provided with raised flower beds to enable them to join in the activity and people living with dementia were provided with a sensory flower bed, such as mixed herbs, colours and windmill sounds. People felt the service was their home. One person said, "I am really pleased my garden here has something for my grandchildren when they visit, I can watch them playing like I did at home."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had their rights and freedoms respected as staff understood the importance of enabling people to make their own decisions, where possible. This meant care was provided in the least restrictive way.
- We observed staff providing choice to people and respecting their decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were extremely passionate about providing care that was compassionate and provided the best outcomes for people. Staff looked at ways to enrich people's lives.
- People were treated with kindness and people were observed to be exceptionally well cared for. Comments from people included, "Staff do anything you would like them too, they are good, caring people," and, "Staff are very very patient, they ask if there is anything I am worried about."
- People were supported to maintain their own values. One person stated that they had a Lilac bush in every home they lived in throughout their life. This person was involved in planting a Lilac bush in the garden outside their own bedroom. Quotes seen stated, "I made the decision to move to this care home, and one thing I missed was my garden. I now feel like have my own garden at Hepworth House! I had a say in choosing the flowers and bushes. I have had a lilac bush in every house I have lived in, and now I have one here. The lilac bush flowers were in mine and my mother's wedding bouquet, so they're very special to me."
- The service promoted equality for people. One person had photographs of their relatives on their bedroom telephone, to enable them to contact their loved ones as they wished. Another person's relative told us, "As [name] can't get out at the moment, we are having a meal at the home as a birthday celebration, that is really nice."

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

- The service had imaginative systems in place to engage people and ensure that people led the service.
- People were involved in daily meetings with the staff team. These were done with people to ensure they were happy and felt included in plans for the day. These were called ten at ten meetings. Areas discussed included activities for the day, staffing, any concerns, deliveries due for that day, maintenance issues and any birthdays/celebrations. People were given the opportunity to raise any concerns at these meetings, to ensure they were happy, involved and listened to.
- People were actively involved in improving their quality of life. The service had recently implemented health groups to assist people to understand their health needs and improve their mental well-being. These included mental health, parkinson's disease and dementia groups. This gave people insight into their conditions, allowing staff and people to have more knowledge and empathy.
- People led weekly committee meetings, weekly goal setting meetings and 'This is me' meetings. 'This is me' booklets were formulated with people and focused on life highlights and how to make them feel special. One person's 'This is me booklet' detailed a love for horses, therefore staff arranged for a horse to attend the annual summer fair. Staff had recently supported people to create a dance video to share their

lives with others.

- The service responded to the wishes of people. Two people told us they came to the service for respite care, made friends and didn't want to leave, they were placed next door to each other and were seen on the day of inspection laughing and joking together. One person had requested rabbits as they had kept these at home, two rabbits were cared for by the people at the service and people told us they enjoyed looking after them. One person said, "I love the rabbits, I call them Sooty and Sweep."

hers on social media.

Respecting and promoting people's privacy, dignity and independence

- The service provided high quality, person centred care and people felt listened to. People were actively involved in formulating their own daily lives.

- The registered manager and staff team had a strong approach to providing individualised care, that promoted people's dignity. We saw staff treating people with respect. For example, people were asked if they would like their bedroom doors open or closed and one person requested that only one staff member assists them with personal care. This gave them control of their dignity and how their personal care was provided.

- People were dressed smartly, people showed us their jewellery they liked to wear and we saw several people having their hair and nails done. One person said, "Ooh I am having a pamper, this is what we do, just having my hair done and then off to get my nails done."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service consistently met the needs of the people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had an excellent knowledge of people's diversity, values and beliefs. The service had a strong emphasis on ensuring people felt empowered and valued.
- People had individualised care plans formulated with them and were assigned to a key worker, care plan co-ordinator and a night care co-ordinator to ensure their individualised needs were met. One relative told us, "Hepworth really is a 'home from home' and the management have been able to create a living environment that ensures that they have all the usual home comforts but with the added bonus of excellent individual care when required."
- People were supported to maintain relationships and social activities meaningful to them. A married couple had recently had a wedding anniversary meal in the sky bar with their relatives. This was published in the local paper and another person had recently celebrated a birthday, they were a keen photographer. The service arranged a local professional photographer to visit with a range of cameras, the person took their very first 'selfie.' Another person used to enjoy playing rugby, they had a visit from a rugby player and were now sponsoring the team. A quote seen from their relative said, "Aw look at my [name], they look so happy, thank you for looking after them so well."
- The service had varied activities in place and records showed activities were put in place due to service user wishes. The activities also maintained inclusion within the local community. People had made small bags of happiness for visitors. Knitting and natter groups were popular and they had recently made a post box cover that was now on the community post box. People were currently involved in making poppies for a remembrance wall in the local shopping centre A choir group called Hepworth harmonies took place regularly, people told us they loved this group. One relative told us. "We check the activities and often visit during the evening as [name] is so busy." Boredom buster packs were available in communal areas and included crafts bags and puzzles if people did not wish to participate in group activities.
- The service ensured people were provided with activities that were relevant to them and involved people's loved ones. A recent children's cinema event had taken place and relatives were involved in various events. One person said, "I go and visit my sister and she visits me, we do lots of singing and I do the exercises in the lounge." A relative said, "I have been asked to be someone special at Christmas, because I have a beard." A therapy dog attended weekly and people told us they liked to pet the dog. The activities co-ordinator told us, "I go and chat with someone who is cared for in bed, I give them hand massages and give emotional support."
- People who were cared for in bed had access to the homes rabbits and enjoyed spending time with them.

One member of staff was taking part in a skydive for charity, where people were unable to attend to watch, a video link was available for them to watch from home.

- Daily papers were in place for people to read and a large tablet device was available for people to contact their relatives and friends through video calls. Internet access was available in all areas and streaming services were available to all bedrooms, to enable people to choose what to watch on TV.
- Staff supported people on community outings that were meaningful to them. Where people were unable to participate in certain activities, the service provided other meaningful social activities. For example, a musical therapy group. Feedback provided by the music teacher included, "The residents are so happy, the service is a haven of happiness and nothing is too much trouble for people."
- The service invited local children to an upcoming Halloween event. With the consent of people, the children had been asked to knock on individual's doors to trick or treat, to trigger people's memories of being at home. One person was involved in teaching a staff member how to knit, making them feel valued.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's information and communication needs were assessed and detailed in their care plans. People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support.

Improving care quality in response to complaints or concerns

- The registered manager welcomed complaints and concerns to ensure people and their relatives were happy with their care and support.
- The registered manager monitored complaints and compliments. Complaints were investigated in a timely manner and actions taken to drive improvements in the service. Compliments were shared with staff to celebrate areas of good practice.
- People and their relatives told us they felt comfortable to raise concerns if required. One person said, "I haven't had to raise a complaint, I am happy and settled here, my family know what is happening" and a relative said, "We don't have any complaints, we would talk to staff if we needed to."

End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager was aware of how to meet people's needs and wishes should end of life care be needed.
- The service had an end of life champion and they had recently provided bereavement information to a person who had lost their spouse, to support them through their grieving.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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

- There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did. The registered manager led by example and people, their relatives and staff were exceptionally positive about the quality of the service.
- There was an open, honest, friendly and welcoming culture. Staff said, "Here, I feel like I am needed, wanted and valued and so do the service users," and, "All the managers are supportive, I would be happy for my own relatives to live here."
- People were involved in regular meetings which included a 'You said, we did' section to ensure the service was acting on people's needs and wishes, ensuring good outcomes for them. One person said, "It is well led, I am happy with my decision to stay here." Another person said, "I can talk to anyone here."
- People were involved in formulating a monthly newsletter to show the service's successes and improvements that were being made. Relatives were involved in a social media page, where they were kept informed and could comment on what their relatives were doing. Relative's said, "I am delighted with everything at the home," and, "They have a range of forums to share information regarding the home and social media is working brilliantly to share this."
- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The service notified the relevant authorities, including local authorities and CQC where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Robust quality assurance systems were in place to ensure safety, and to empower people, their relatives and staff to contribute to how the service operated.
- The management team ensured strong links with the community were maintained and people and their relatives engaged with the community. Various charity events were people led, these included McMillan coffee mornings. baking and providing the local emergency services with cakes, people writing letters of thanks to local services such as the police force and holding a harvest festival, with proceeds being donated to a local food bank. These were based around supporting people to remain independent and feel part of the community they lived in.
- The service consistently engaged with people, relatives and staff. We reviewed a range of compliments

received from people and relatives, comments included, "It is outstanding, the staff are always so cheerful," "We are very grateful to everyone at Hepworth House who looked after [name] so well. We looked forward to coming to see him in such a clean, caring and happy environment. Could not have been in a nicer place. [Name] was extremely independent right to the end and perhaps this is what kept them going to the ripe old age of 102. We will be forever grateful for all the love and happiness shown by you and your staff on what turned out to be their last birthday. We are so glad they made it and we have such a happy lasting memory of their last few weeks."

- Staff were extremely motivated and proud of the staff team and the service. Comments included, "I would live here myself." And, "The service is led by the people, not us."
- Systems in place included a range of audits carried out both by the home and the organisation to monitor safety and quality in the service.
- Following our inspection, the service have begun to implement a new online system which allows people to write their own daily notes, capturing how the service made them feel and to gain a true reflection of their view of the care provided.

Continuous learning and improving care. Working in partnership with others

- The registered manager and staff had a strong emphasis on encouraging people and their relatives to review the service, to ensure they were providing outstanding quality care for people.
- Quality assurance surveys were used to gain feedback from a range of people who were involved in the service. The reception area had information for people and their relatives to leave reviews on a national care home review site. The service has recently been awarded ten out of ten on this site. First impressions audits were given to people when they first visited the service to gain people's first impressions and drive improvements.
- Weekly goal setting meetings were held for people, using pictorial and written formats, giving people the opportunity to set plans. A weekly diary was kept in communal areas for people to add suggestions in for upcoming events. Staff said, "The manager is so enthusiastic" and, "The manager listens to us, they implement anything that will make this home better."
- The service worked with external professionals to ensure people's healthcare needs were met and provided regular visits from an optician and podiatrist.