

# Landermead Investments Limited

# Goodman House

## Inspection report

19 Chilwell Road  
Beeston  
Nottingham  
Nottinghamshire  
NG9 1EH

Tel: 07876681144  
Website: [www.landermeads.com](http://www.landermeads.com)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Goodman House is a residential care home providing regulated activities personal and nursing care to up to 10 people. The service provides support to older and younger adults with complex physical and mental health conditions. At the time of our inspection there were 10 people using the service.

Goodman House accommodates people in one large adapted building, the home comprises of large single bedrooms, a communal living area with kitchenette, a dining area and a large garden.

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

People and their relatives told us they felt safe living at the service. The feedback we received was exceptional and described a dedicated person-centred service. Medicines were managed safely and effectively which improved people's outcomes. Risks were very well managed with risk reduction measures in place. People were encouraged to take positive risks to ensure they lived fulfilled lives. Staff were recruited safely, and people told us they were supported at all times by enough dedicated staff. Infection control measures in place had been continuously reviewed and specialist advice sought.

Staff training was exceptional and tailored to each individual person using the service. Staff were highly trained and motivated to give outstanding care and support. Staff implemented and contributed to developing best practice guidance. People were supported exceptionally well to eat and drink safely, people received extensive nutritional support which resulted in significant improvement in their overall health and well-being. The home had been designed and adapted in collaboration with people using the service.

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.

Privacy, dignity and respect was at the heart of the service. People and their relatives without exception described the exceedingly kind, caring and compassionate way in which staff approached all aspects of care and support. People and their relatives told us, staff treated them like family and were always treated with the highest level of respect. People were empowered and supported to make choices and decisions about all aspects of their care. The provider's culture and ethos put people and their needs at the centre of everything they did, and this ethos permeated through the attitudes and behaviours of staff.

People's needs were holistically assessed prior to moving into the service and a detailed assessment carried out. People's needs and choices were at the heart of the service with staff fully committed to understanding and supporting each person's individual needs. People were fully supported to choose and engage in activities to ensure people lived fulfilled lives. Effective systems ensured people were empowered to raise any concerns or complaints.

The service was exceptionally well led. The culture, visions and values embedded at the home were excellent and people were at the heart of the service. The values instilled by the provider and management team were displayed by all staff. The registered manager was passionate, motivated and determined to achieve the best possible outcomes for people. The provider had excellent systems and processes in place to continually improve and develop the quality of care provided. All areas were audited to ensure people's needs were continually reassessed to ensure they reached their full potential. People, relatives and staff were fully involved and integral in shaping and developing the service. Feedback was obtained in varying formats to ensure every voice had an opportunity to be heard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This service was registered with us on 27 August 2021 and this is the first inspection.

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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Goodman 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.

#### Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor 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

Goodman 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. Goodman House is a care home with 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 sought feedback from the local authority

and clinical commissioning group who commissioned care with 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 used all this information to plan our inspection.

During the inspection

We visited the service on 10 January 2023 and 13 January 2023. We spoke with 10 staff members including the registered manager, home manager, registered nurses, a team leader, support workers, kitchen staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 people who used the service and 6 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and maintenance records 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 is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect as the provider had robust processes in place.
- People and their relatives told us the service and staff made them feel safe. For example, a relative we spoke with told us, "My [relative] definitely feels safe, staff do absolutely everything they can to make sure they feel safe."
- Staff we spoke with had no concerns around safety and told us any safeguarding concerns were acted upon immediately by the registered manager and provider. Safeguarding concerns were reported to the safeguarding authority without delay.
- Staff received training in safeguarding and had in-depth knowledge in how to protect people from the risk of abuse and neglect.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Risk assessments relating to health conditions were detailed and clearly directed staff what action they should take in order to support people safely. For example, a person who was at risk of choking due to a progressive medical condition, had a detailed risk assessment instructing staff how they should safely support the person and what risk reduction measures were in place.
- People were supported to take positive risks in order for them to improve their quality of life and independence. For example, staff supported a person to visit the community independently, they had previously been unable to spend time outside of the service alone due to the risk this posed. Staff educated the person on the risks and a thorough and detailed risk assessment was completed. This included seeking an assessment from an external independent professional.
- Staff managed the safety of the living environment and equipment in it through regular checks and actions to minimise risk. Plans were in place to ensure all people could evacuate safely in case of an emergency.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People received care from skilled and experienced staff who knew them well. People told us, "I love the staff, they are just proper caring, they feel like my family." Furthermore, a relative we spoke with told us, "The staff are always on hand. Staff are very skilled and there is plenty of them."
- Staffing levels were determined by assessing each person's individual needs, staff rota's we reviewed demonstrated there were always enough staff on duty.

- Recruitment processes were robust and followed to ensure only suitable staff were appointed. Checks including, interviews, references and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff received training in medicines and had their competency assessed.
- People had detailed medicine care plans in place. These reflected any support needs due to people's capacity, what medicines were prescribed for and how they liked to take them. For example, a person who occasionally required their medicines to be administered covertly in order to keep them safe had a detailed care plan in place. This included authorisation and advice from relevant health and social care professionals.
- The service was proactive in seeking advice and positively challenged prescribers on behalf of people. For example, one person felt medicines were having a detrimental effect on their health and well-being, staff sought medical advice and supported the person to manage their health needs without the use of medicines. This meant they were able to safely stop taking all prescribed medicines, which resulted in a significant improvement in the person's well-being.
- Medicines audits were completed by competent staff to ensure any issues with medicines were acted on without delay.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Where the continuous use of PPE had a negative effect on people, the provider fully risk assessed each person and engaged with commissioners, CQC and infection prevention control specialists to ensure they were open and honest in their approach.
- 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 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

- The service supported people to have visitors in line with government guidance.

#### Learning lessons when things go wrong

- The registered manager and provider were proactive in implementing any learning from incidents.
- Learning was shared with the whole team after all incidents. For example, staff we spoke with told us, "The management team are really proactive, they see any incidents as learning opportunities, we all have a genuine desire to improve so the people we care for have the best possible care and support."
- All incidents were recorded and investigated appropriately to reduce the risk of reoccurrence.



# 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's needs and choices were at the heart of the service, staff were fully committed to understanding and supporting each person's individual needs.
- Care plans were truly person centred; people and their relative's voices and wishes were at the core of the care planning process. A relative we spoke told us, "I am whole heartedly involved. No doubt about it. They go above and beyond in learning [name] needs."
- The provider worked proactively and collaboratively with other healthcare professionals in order to continually assess people's needs. For example, a person who moved into the home with limited physical abilities had been supported by the provider to regain much of their independence. Continuous risk assessment and collaboration with the health and social care team had taken place which meant the person was able to take positive risks in order to achieve their best possible outcomes.
- Best practice guidance was followed and implemented. The provider was pivotal in creating and enhancing guidance across care homes nationally in order to improve the care people received. For example, the provider was one of only 3 to be involved with the University of Nottingham and the NHS Health Education board in developing Teaching of Research in Care Home standards (ToRCH). ToRCH standards were developed in order to improve care quality and quality of life to all people living in care homes. This ethos was truly embedded with the home. These standards were implemented at Goodman House which meant people had an improved quality of life. Staff we spoke with told us, "We deliver care with the most up to date research and go out of our way to find new ways to support people so we can improve their quality of life. We are given time to do the research, reflect and embed practice, Goodman House is like no other place I have ever worked."

Staff support: induction, training, skills and experience

- People benefitted from highly skilled staff who had an in-depth understanding of their complex physical and mental health conditions, because staff training was developed and delivered around each person's individual needs.
- Staff were passionate, committed and supported to ensure people received personalised care and support. For example, staff supported and responded to people's needs in order to reduce any periods of distress and anxiety. We observed a person who used to work in healthcare had started to become distressed. Staff recognised this and immediately supported the person recognising the best way to support them was to refer to them as their previous professional title and ask what their next duty of the day was. The person immediately told them what their plans were, and the person relaxed. This meant staff recognised early intervention and a personalised approach to improve people's well-being.

- All staff completed a bespoke comprehensive competency-based training programme to ensure they were well skilled to support people. An in-depth induction programme was completed which included shadowing more experienced staff.
- People and their relatives told us they felt very confident in staff's skills and competence. People and their relatives were involved in delivering bespoke training for each person. For example, a relative we spoke with who helped train staff in the needs of their relative told us, "Staff training is excellent, everyone asks loads of question, I think this is great as we are all on a learning and implementation process. I am really, really happy with this." Furthermore, a person we spoke with told us, "I work with [staff name] and give staff training on a power point, which is all about me, this really helps me feel like a real person."
- The registered manager was exceptionally supportive and encouraged staff to further develop their skills and knowledge. Staff had been supported to complete both bachelor's degrees and master's degrees in nursing to enhance their professional development and increase their knowledge. Staff told us the support was extraordinary. One staff we spoke with told us, "The whole management team are just incredible, the support is like nothing I've ever had before, they genuinely care about our well-being which is rare."

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

- People were supported exceptionally well and there was strong emphasis on the impact nutrition and hydration had on each person's health and well-being.
- Staff researched methods to increase people's nutritional intake whilst increasing their independence. This included implementing a mirroring technique where staff ate and drank with people. This technique encouraged people to mirror staff whilst eating and drinking, this was found to be extremely beneficial to people who had put on weight as a result. This meant people were at a decreased risk of developing pressure sores and other problems associated with malnutrition and dehydration.
- Staff worked with healthcare professionals in order to improve people's health and well-being through nutrition. For example, a person living at the service was admitted with a percutaneous endoscopic gastrostomy (PEG) feeding tube as they did not eat enough to maintain their nutrition. Staff worked with healthcare professionals, the person and their family to identify barriers the person faced with food. Staff were able to support the person to increase their oral food consumption which resulted in the person no longer requiring the PEG tube.
- Staff recognised the importance nutrition and hydration had on people's health. One person with cardiovascular problems was supported to make healthier choices to improve their cardiac health. Staff told us, "I really, really care about what I do, we totally recognise the impact diet has on people, If we can support people to really enjoy their food whilst also improving their health then I can say I've done my job right."
- People and their relatives were exceptionally happy with the nutritional support on offer. For example, a relative we spoke with told us, "They go above and beyond with suggesting food and techniques for my [relative] to try, one of the many challenges with the disease my [relative] lives with is problems with eating and they manage this exceptionally well."

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

- Staff empowered people to make informed choices about their health and well-being. People had accurate information in a format they could understand to assist in the decision-making process.
- Staff were fully committed and worked collaboratively with healthcare professionals to ensure the care, treatment and support people received continually improved. Staff worked with specialist multi-disciplinary teams to ensure people achieved their full potential, this included supporting a person to regain their ability to walk independently through continuous daily rehabilitation. This person could now go out alone without the use of any mobility aids.
- The provider invested in staff to become specialists in all areas of care. Champion roles and accreditation

in different areas ensured people received care and support to achieve an outstanding quality of life. For example, the home had incorporated the 'Dragonfly' model of care which led to achieving 'outstanding' in the meaningful care matters (MCM) accreditation. Furthermore, staff were champions in areas such as menopause with staff being part of NHS steering groups. The home had commenced work to attain accreditation with the 'Huntington's Disease Association', to ensure people living with this disease received the best possible care.

- Staff understood the importance of supporting people to increase their independence in all areas of their health. Staff ensured people had access to essential services such as opticians and dentists. Staff supported one person to find a dentist to carry out extensive dental work, this was significantly important to the person and documented it was a life goal to visit the dentist independently.

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

- Goodman House was designed and adapted around people's needs and wishes. People were involved during the adaptation and design stage to ensure the home met each person's individual needs. The home and decoration had been designed to support people with cognitive impairments to aid easy navigation around the home. For example, contrasting colours were used to differentiate areas along with easy read signs to ensure people did not become disoriented.

- Specialist equipment had been sought and adaptations made in order to maximise people's independence. For example, a specialist wheelchair to support a person who had previously been bedbound had been obtained to enable the person to mobilise independently. Furthermore, a person's bedroom had been fully adapted into a 'bedsit' style room to increase the person's independence. The home had a specialist bathroom with sensory lighting and a hydrotherapy bath, this helped people relax and ease side effects associated with some of the health conditions people lived with.

- The use of technology had been incorporated into the design of the building to further increase people's health and well-being. One person who staff identified music significantly helped decrease their anxiety, had their own personalised speaker. Staff identified when the person wanted the music off, they told a pet they previously owned to be quiet, staff used this knowledge and programmed the speaker to be turned off with the command, "[pet name] be quiet." This meant the person could independently turn off their music.

- People had access to a large well-kept garden with a cabin housing the home's animals. Access to the garden was flat and accessible for all people living at the service to use independently.

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 registered manager and all staff had an exceptional understanding of the MCA and DoLS and only when absolutely necessary for people's safety were restrictions in place. Staff received training and were

fully committed to ensure all people received care aligned with their choices and in their best interests. Staff reinforced their knowledge and ethos at the home. For example, Staff told us, "Small decisions we take for granted like going to the shop, we want to increase and empower people to be able to make their own decisions no matter how small."

- The culture the provider and registered manager instilled in the home ensured people and those important to them were fully involved in all decisions. A relative told us, "My [relative] is supported to make their own choices without a doubt, where they can't make an informed choice we are fully involved, I trust them implicitly." Furthermore, a person we spoke with told us, "I used to not be allowed out on my own when I first moved in but they saw how well I was doing and got all that removed, I go out anywhere I want now." Staff supported people to regain their independence and applied for DoLS to be removed when they were no longer required.

- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful. Care plans were person centred and detailed, any conditions and restrictions had been clearly documented and adhered to.

# 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

- The values and ethos of Goodman House of 'Together we will share a clear vision supported by honesty, openness and love' was genuinely immersed in the culture of the home. There were no barriers between staff and people using the service. Staff did not wear uniform and used the same facilities as all people using the service. People, their relatives and staff told us they felt like a family. Staff displayed highly motivated attitudes and provided care and support which was truly compassionate and kind. People we spoke with told us, "The owners, managers just everyone are just proper proper nice, it's the first place in my entire life that's really felt like home, they've turned my life around for the better, I wouldn't be here without them."
- All people and their relatives we spoke with were exceptionally happy with the care provided and described staff as consistently going, "Above and beyond their job roles." A relative told us, "Staff not only support my [relative] but me as well. They truly do care and that is special." Another relative we spoke with told us, "My [relative] cannot communicate the way they used to and staff just know exactly what to do for them, they really are exceptional."
- There was a strong embedded person-centred culture at the home. Care planning fully encompassed the way people wished to live their lives. The registered manager and all staff were entirely motivated and committed to putting people at the heart of the service. People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced and people lead their lives in their preferred way. Care plans detailed people's preferred pronouns and genders had been discussed and documented.
- Staff sought information about each person's individuality, skills, cultures and lifestyle choices which allowed staff to celebrate and focus on areas which were important to people. For example, each person had a board or a book which was unique to them, photos, goals and special events were documented which acted as reminders for people. Staff worked with people to create these boards and books and kept them up to date regularly. We observed staff going through photos with a person, staff were warm, considerate and patient in their approach.
- All staff we spoke with spoke about their roles with passion and showed exceptional commitment to ensuring people and their needs were at the heart of the service. People were referred to as 'family members and staff told us, "It's not just a term we use, they genuinely feel like my family, we all want the absolute best for our family members, I am continually looking for things to ensure people live their lives completely fulfilled."
- Staff displayed exceptionally caring and kind attitudes. For example, a person walked continually through the home, they were never ignored and had meaningful interactions at every opportunity. Furthermore, records demonstrated this same caring and kind attitude. A sample of daily records we reviewed, detailed a

time where a person had become upset about a condition they lived with. Staff documented using kind and compassionate terminology, they detailed what support they offered, and the person was loved and not defined by their condition. After this interaction it was documented the person felt better as a result.

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

- Staff encouraged, empowered and supported people to share their views. People and their relatives told us they felt respected and listened to. One relative we spoke with told us, "We are fully communicated with, fully involved and trust staff whole heartedly, staff support my [relative] to make their own choices."
- The exceptional inclusive approach engrained within the service meant people and their relatives were valued and fully included. The registered manager described partnership working and everything down to what training staff needed, care planning, to discussing changes at the home were done as a partnership. No decisions were made without the full inclusion of people and their relatives. All staff displayed this empowering inclusive attitude. Staff we spoke with told us, "Our family members are just an absolute pleasure to hang out with, we do the nursing side of things but that is not how we shape people's care, people's days aren't planned around a dressing change, a person plans their day and we fit in their dressing change to meet their wider needs."
- Records confirmed people and their relatives were fully involved and consulted in any decisions about the care and support they received. For example, the provider told us they had spoken to all people and their relatives about relaxing their COVID-19 policy, people and their relatives confirmed this and records in place evidenced this had taken place. The provider worked collaboratively with people to ensure people were valued and supported to make informed decisions.
- People's wishes and choices were always respected and people who were unable to express their own views and make decisions about their care and everyday choices, were supported to do so. Staff worked in collaboration with people's specialist healthcare teams, relatives and social workers to ensure they knew everything about each person living at the home. For example, staff invited a person's relative who knew them best to the service and they wrote a full life history detailing their wishes and the decisions they had made prior to becoming cognitively impaired. From this information person centred care plans were developed.
- People were supported with advocacy services when needed. An advocate is an independent person who can assist people to make decisions about their health and well-being.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with the highest level of respect and with their dignity preserved. Promoting people's right to privacy and independence was embedded and at the heart of the service, and all staff carried out their duties in line with this ethos.
- People and their relatives universally praised the provider, management team and staff with regard to how they were treated. For example, a relative told us, "They go the extra mile, it is just a shame not everywhere is like this" and a person we spoke with told us, "I couldn't meet any better people, they honestly treat me so well, like an equal, there is not a thing I would change about living here."
- Reasonable adjustments were made in innovative ways to continually promote people's independence. For example, a person living at the service lived with a significant brain injury which meant they were not able to mobilise without aids, significant support and intervention from staff. Staff created a person-centred programme to increase the persons mobility, this alongside substantial intervention from the in-house personal trainer to increase their strength resulted in the person being able to walk unaided for long distances without any aids or support. This resulted in the person finding employment and regaining more independence. Additionally, another person living at the service had been unable to use a standard cup and had been using a beaker for a significant period of time. Staff assessed the person and identified one of their goals was to drink out of a standard cup safely. Staff researched and implemented tools such as a flexible

long straw and silicone lids for standard glasses. These were found to be successful; staff further supported a slow transition and the person was able to drink independently from a standard cup. This meant they had regained an area of independence which was extremely important to them.

- People were cared for by kind and compassionate staff who understood what was important to them. A person told us, "Staff know me better than I know myself, I do forget things, but I know I can count on them." Information about people's sexuality and any sexual needs and wishes were explored and included in care plans.

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

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

- An innovative personalised approach was embedded in the service to ensure people and their relatives were empowered, listened to and consulted with, when planning and creating care and support plans.
- People's care plans were consistently and comprehensively reviewed; health and social care professionals were contacted, and their advice fully implemented in people's care plans. For example, a person who lived with a wound had input from specialist nurses which was clearly referenced throughout care plans, detailed continued assessments and intensive support from staff at Goodman House was also evidenced. Ongoing assessment records evidence the wound had healed entirely.
- People were supported by staff who had an excellent understanding of each person's individual needs. For example, staff told us, "Everything we do is shaped around the person and their voice, we want them to live as free as they want to be, we encourage people to be themselves, it's a real honour to be part of our family members lives."
- All people living at the home had individualised goals and aspirations discussed and set. People had personalised planners and staff worked tirelessly with people to ensure they achieved their goals. For example, a person had a number of goals they wished to achieve but lacked confidence. Staff supported and encouraged them through creating a 'This [gender] can' campaign with all the goals and aspirations they wished to achieve being covered. One of the goals was the person wanted to eat independently at the table with other people. Staff supported the person to achieve this by making a specialist box which aligned with the person's specialist moving and handling equipment. This supported them to sit and eat independently and to be engaged, happy and able to enjoy their lunch with staff and other people living at the service.

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.

- The provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS). People's communication needs were fully assessed, and any adaptations implemented without delay.
- Information relating to people's personal preferences were available in easy read and pictorial formats. Staff supported people to create one-page profiles written by people in the first person to highlight things that were most important to them. These included photos, colours and were typed in easy read fonts where



needed to ensure they could be easily reviewed by the person.

- Picture cards and photos were used for people who had communication difficulties. For example, a person who could not verbalise what they would like to eat would be visually shown what food was on offer. This enabled them with a choice and promoted their independence.
- People had their communication needs fully assessed as part of the care planning process. Care plans we reviewed gave staff clear instructions in how to communicate with people in the most effective way. For example, one care plan documented specific phrases staff could use in times where the person may be anxious.
- Throughout the home we observed easy read documentation and pictorial signs in appropriate places around the home. This did not detract from the homely environment, but aided people to be secure and comfortable within the home. For example, dedicated boards in the lounge displayed activity plans in various formats, the use of photos of previous activities made the information in keeping with the environment.

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 fully supported to choose and engage in activities to ensure they lived fulfilled lives. For example, a person who was unable to verbalise their wishes had always loved animals, staff recognised this and implemented regular animal therapy to help reduce any periods of anxiety. Following the evaluation of this ongoing activity it was arranged for the person to visit a zoo. Staff told us, "Seeing their face at the zoo, it was special you knew just how much it meant to them."
- Staff supported people to follow their hobbies, cultural and religious interests and gain employment where appropriate. One person who enjoyed gardening, was supported to create a potting shed and raised beds. Another person was supported to gain employment within the community. The person told us, "It helps me get up in the morning, I really did want to get a job and they helped me do it, I could never have done it without them." Furthermore, a person who enjoyed football was presented with a signed football shirt from an ex professional footballer. Staff told us, "This meant the absolute world to them", photos showed how happy this had made the person.
- Staff worked with people and their relatives to highlight any religious needs. For example, a person who had followed Christianity was supported to maintain their beliefs, they were also supported with music therapy using Christian songs.
- People were fully supported to maintain relationships with those important to them. Relatives told us, "They look after me as well, I feel like part of the family." Relatives were invited to events such as the Christmas party and the annual summer 'All Together Now' music festival. Events such as these demonstrated the community the provider has created, and ensured people lived fulfilled lives.

Improving care quality in response to complaints or concerns

- Effective systems were in place to ensure people were empowered to raise any concerns or complaints. The service had not received any formal complaints however the registered manager and staff told us they would use any complaints as a learning opportunity.
- People and their relatives told us they felt confident if they needed to raise a concern or a complaint they would know how to. For example, a relative we spoke with told us, "I feel confident that I could talk to anyone at any level and be heard" and another relative told us, "I know who to speak to but I've never felt the need to complain."
- The complaints policy was detailed in the welcome booklet which was provided to every person using the service upon moving in. The complaints process echoed the person led ethos at the home with the opening statement reading, "We strongly believe each person should have a voice and that they will be listened to with both any compliments or concerns." The complaints process was also displayed within the home in a

format all people could understand.

- We reviewed many compliments from people, their relatives, professionals and ex members of staff relating to the exceptional care provided by the service.

#### End of life care and support

- The provider understood their role in ensuring people received exceptional end of life care and support. Whilst no one at the time of our inspection was receiving end of life care and support, the registered manager and staff spoke about end of life care with passion. Staff told us, "We recognise you don't get a second chance with end of life care; we would absolutely give people the best possible care."
- End of life link roles had been developed with designated staff taking ownership for the development of end of life care at the home. The provider was working towards achieving the national Gold Standard Framework (GSF) for end-of-life care. GSF is an evidence-based approach to optimising care for people nearing the end of life,
- End of life wishes had been discussed and documented within care plans. Where people declined to speak about this area of care this was respected and revisited where needed.
- All staff received training in end of life care and policies were in place to support staff.

# 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

- Goodman House was exceptionally well led. The culture, visions and values embedded at the home ensured people were at the heart of the service. The values instilled by the provider and management team were displayed by all staff.
- All people and their relatives told us the provider, registered manager and management team went above and beyond to ensure people were at the centre of everything. A person we spoke with told us, "They are just brilliant, nothing is too much, they make it so easy to live here." Staff discussed the open and inclusive culture at the home with passion. Staff told us, "We have a real open culture at the home, nothing is off limits, we really do strive to do everything we can to ensure people live fulfilled empowered lives."
- The registered manager and owners of the home led by example and worked alongside staff and knew people, their relatives and staff well. This visible presence at the home had a very positive impact. One relative told us, "I see the owner working shifts which is just absolutely wonderful, they know my [relative] inside and out" and a person we spoke with told us, "All of the managers, the owners they just can't do enough, I can't really find the words for what they've done for me." Staff echoed the same positive feedback. Staff told us, "They are the best people I have ever worked for, they are open and listen to our ideas and just can't do enough, they genuinely care and want the absolute best for people and staff."
- Staff were empowered to raise concerns and share ideas. Staff told us without exception the registered manager would act on any concerns raised immediately. For example, a staff member told us, "I would feel confident to raise anything no matter how small and I have done, I was supported, and action was taken immediately, nothing is left." Staff were praised for the positive impact they had on people's lives, this resulted in them feeling valued and supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was passionate, motivated and determined to achieve the best possible outcomes for people. The registered manager had comprehensive support from the provider and house manager. This meant they had the time and resources to develop the service which resulted in the exceptional care and support people received.
- The registered manager continually developed their leadership skills to further strengthen the management of the service. For example, the registered manager was successful in completing 'The Florence Nightingale Leadership Programme'. This prestigious programme equips learners with skills to lead and influence, enabling them to become effective leaders. The registered manager and provider

supported and championed staff with their own personal and professional development. For example, nurses within the service were supported to complete specialist degrees. This meant staff were equipped with greater evidenced based knowledge to provide the best possible care and support.

- The provider had excellent systems and processes in place to continually improve and develop the quality of care provided. All areas were audited to ensure people's needs were continually reassessed to ensure they reached their full potential. For example, a full 'expressions of emotion' audit was comprehensively completed each month to identify any periods of anxiety or moments of distress people may have felt. This meant staff were fully equipped with accurate information to support people in the best possible way. All accidents and incidents were monitored by the management team to identify trends.
- The provider, registered manager and house manager completed regular observations of interactions between staff and people to ensure interactions were meaningful and to identify any areas for development.

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

- The provider, registered manager and management team fully understood their responsibility to be open and honest with people.
- People and their relatives told us the team at Goodman House were honest and worked in partnership with them to resolve any challenges. For example, a relative told us, "In all honesty my [relative] has never been involved in anything but if they were, I'd be called straight away, the communication is fantastic." Another relative told us, "My [relative] can get distressed and they call me and let me know if anything significant has happened and what they've done to help them."
- The registered manager was fully aware of their regulatory requirements by notifying CQC of events which they are required to do so. The management team had created an open and transparent culture. This culture meant all staff carried out their duties with complete honesty and integrity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People, relatives and staff were fully involved and integral in shaping and developing the service. Feedback was obtained in varying formats to ensure every voice had an opportunity to be heard.
- People from varying backgrounds with different beliefs were encouraged, supported and empowered to live life to the full in their chosen way. Important life events were celebrated, and all people were invited to join in the celebrations. This included celebrating pride month and religious holidays. Different cultures were explored and appreciated. For example, staff encouraged people to explore cultures through cooking, people were invited to cook and taste different foods from around the world including Malaysia, Fiji and Nigeria.
- The inclusive culture the provider created and embedded had resulted in many positive outcomes for people. For example, a person told us, "I can be me here, no hiding anything, we have a laugh and they've just really helped me in getting better." In communal spaces people had their own areas which celebrated their individuality, one person had a workspace which encouraged their talent for crafts, they took ownership to keep the area maintained which increased their independence.
- People were fully supported and empowered to take active and meaningful roles within the community. Staff recognised the current cost of living crisis and discussed this with people living at the service. Through this staff and people developed the Goodman House Soup Kitchen. People told us they made a positive impact on the local community through this initiative. For example, a person told us, "I help with the soup kitchen every Friday, it's really good, I really like we are helping out people that need it." Staff and people also created a donation point for adult and children's coats for the local community to access for free. At the time of our inspection 209 coats had been donated and 39 litres of soup had been consumed by the local community. This community project enabled people to build links and achieve personal goals.

### Working in partnership with others

- The provider and management team worked in partnership with others to achieve the best possible outcomes for all people using the service.
- The provider worked in partnership with the Huntington's Disease Association. This meant staff had access to best practice guidance to ensure people were supported in the best possible way. Staff worked closely with health and social care professionals to ensure people's outcomes improved. For example, staff worked closely and in collaboration with a specialist neurological team to improve a person's quality of life.
- Care plans were very detailed and included how staff worked with multiple health care professionals such as mental health teams, dieticians, GPs and specialist nurses. This systematic approach to partnership working and embedding recommendations into care plans had achieved and improved positive outcomes for all people using the service.