

N and L McCowen-Smith

Wellesley

Inspection report

Wellesley
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive rating inspection completed on 13 and 17 May 2016. When we last inspected Wellesley in December 2013, we found they were meeting the requirements of the essential standards of quality and safety.

Wellesley is registered to provide care and support for up to 12 people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 12 people living at the service.

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

People were very positive about living at Wellesley. They described some of the things they enjoyed doing and spoke warmly about the staff who worked with them. Comments included "(name of staff member) is my keyworker, I like them very much I like all the staff, they help us lots." One person said "I love living here. I have been here a long time, it's my home with all my friends here."

The service was extremely responsive and person-centred. Activities were tailored to suit individual's interests, hobbies and wishes. Some people had been supported to do work experience, paid work and volunteer work. Others had been supported to take part in regular community activities such as local church coffee mornings and craft sessions. The registered manager was instrumental in ensuring there were opportunities for people to meet up with other services for people with learning disabilities as some of these people had been friends for a long time and enjoyed regular contact with each other. The service also worked hard to promote meaningful and fulfilling relationships with friends and families. The registered manager had helped facilitate visits for people to see people who were important to them who may not be able to visit the home frequently. They were also responsive and sensitive to those who may not have such regular contact and did small acts of kindness to ensure each person felt special. This included sending them parcels, planning trips to places individuals were interested in seeing. For example several people were due to go to London to see the Harry Potter experience. Others had enjoyed several activities weekend holidays.

There was strong leadership from the registered manager and assistant manager who had worked hard to develop and support a team of staff who understood and followed the ethos of the home. This was about ensuring people had a caring environment and meaningful activities.

Since the last inspection the provider had thought of initiative ways to adapt the home to provide more space. He had invested in the building to build more bedrooms, which had enabled people to have their own rooms. Only one shared room remains and both people had opted to continue with this arrangement. There had also been a new office built which allowed the provider to then utilise the existing office into

another area for people to use. They were in the process of making this into a music and activities room. They had also built a large gym and relaxation room for people to use. This included gym equipment and a massage chair. People said they enjoyed the new facilities. One person said "I like to go into the gym and relax, it's very good."

There were sufficient staff with the right skills and support to enable them to provide safe, effective and extremely responsive care and support to people. Staff received training in all areas of health and safety as well as more specialised areas around people's needs and health conditions. Staffing levels were flexible to meet people's changing needs and wishes.

Staff confirmed they felt very well supported, valued and received training to do their job effectively. Staff described how they were inspired by the registered manager to provide high quality care and support to people. The staff worked as a team and often went above and beyond their paid hours to ensure people had meaningful experiences. This included asking people out and about and ensuring they were valuable members of their local community.

Care and support was well planned to ensure people had choice throughout their day and a whole variety of activities to suit individual needs. Some people had been supported to enjoy work placements. Others had a variety of tailored activities to suit their preferences, wishes and to pursue hobbies and interests. People enjoyed regular holidays.

People were offered a variety of meals and were involved in the menu planning and where possible in shopping and helping to prepare food. Where people were at risk of not eating enough, their food and drink intake was closely monitored. People spoke highly about the meals provided. One person said "My favourite meal is Chinese chicken curry, but I love all the food here." Staff confirmed mealtimes were a social occasion with staff and people enjoying their meals together.

People were kept safe because staff understood what may place people at risk and what types of abuse to watch for. Staff were confident about how to report abuse and said the senior team took all concerns seriously and acted on issues quickly and appropriately. Recruitment procedures were robust which ensured only staff who were suitable to work with vulnerable people were recruited.

Medicines were being appropriately managed and monitored. Where minor errors had been made, these had been picked up quickly via audits.

Well managed systems were in place to ensure the quality of care and support were continually reviewed and monitored. Where improvements were needed, prompt action was taken to drive up improvements.

Risks were fully assessed and people were supported to be as independent as possible. Some people were able to access the local community without support and others needed staff support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were sufficient numbers of staff to meet the number and needs of people.

Medicines were really well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good ●

The service was really caring.

People were treated with dignity, kindness and respect. Staff had developed strong and compassionate relationships with people

People were consulted about their care and support and their wishes respected. Staff went the extra mile to help people achieve their wishes.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to individual's needs.

Care and support was really well planned with the individual and their families members and any changes to people's needs was quickly picked up and acted upon.

Staff worked in a way which showed the person was at the heart of the service.

There were regular opportunities for people to engage in meaningful activities of their choosing.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good ●

The service was well-led

The home was really well-run by the registered manager who supported the staff team and promoted an open and inclusive culture and had developed a caring, warm and welcoming environment.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

People's, relatives and staff views were taken into account in reviewing the service and in making any changes.

Well managed systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. Prompt actions were taken to improve areas where issues were identified.

Wellesley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 13 and 17 May 2016 and was unannounced. On the first day, two inspectors visited the service and on the second day, one inspector returned to complete the inspection.

Prior to the inspection we looked at information we have received in respect of this service. This included notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at the provider information return. This is information we ask the provider to complete about how they are ensuring they are looking at the way in which they provide the service so that it is safe, effective, caring, responsive and well-led.

During the inspection we spoke with nine people, nine staff, including the registered manager, assistant manager, senior care staff and care staff. Following the visit we also contacted two healthcare professionals to gain their views about the service. We also rang and spoke with five relatives. We received one letter from a relative outlining their views of the service.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked three records relating to staff recruitment, training, and supervision. We also looked at how complaints were responded to, service safety checks and quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe and enjoyed living at Wellesley. One person said "I go on the bus to town, I know how to stay safe." Another person said "I like it here, yes I feel safe. It is a nice place to live." Staff described various ways in which they ensured people's safety. For example one person liked to wander round the garden. Staff ensured they had considered the weather as this person sometimes spent long periods in the garden. When the weather was cold they ensured they were wrapped up warm and when it was warm they offered the person regular drinks and time to sit down in shaded areas. Staff also described how they were closely monitoring one person who had had a recent spell in hospital and was now less steady on their feet. Staff said they make sure they explained what they were going to do to help the person with simple clear instructions. They said they had recently purchased a hoist to support this person as they had fallen. They had considered they may in the future need this equipment to safely get the person back up and for use when assisting with person care if they were unable to stand. This showed the service was being proactive in considering risks and planning for the future.

The service was safe because the registered manager always ensured there were sufficient staff available to meet the number and needs of people living at the service. This included ensuring there were additional staff at key times to ensure choice was offered as to whether people wished to take part in an activity or remain at home. For example the registered manager said there had been a time when every person would want to go out to evening clubs, but this was no longer the case. Some people did not always wish to join in activities in the evening so staff were available to enable people to remain at home if this was their wish. Most shifts had at least three care staff who were supported by the registered manager and assistant manager who lived on site. There were also cleaning staff and contracts for maintenance of certain equipment to ensure ongoing safety.

There were effective recruitment and selection processes in place. The registered manager had completed application details including exploring any gaps in employment, during the interview with a potential new staff member. In addition, pre-employment checks were carried out, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Risk assessments included how to support people to be as independent as possible. For some people this included being able to access the local community and use public transport. Some people were supported to be independent in the management of medicines which was regularly risk assessed. Where people were at risk of being vulnerable due to their responses to situations, clear guidance was available to staff about how best to support a person in a specific situation. For example some people did not respond well to crowds or heightened noise.

People's medicines were really well managed. The service used a local pharmacy which was based next door to them, so any new medicines prescribed could be obtained in a timely way. The systems in place for medicine storage, administering and recording were robust with clear guidance available to instruct staff

how to do this in line with policy and procedure. Where medicines were unable to be provided in blister packs, the assistant manager counted each pack of medicine in and labelled the individual cards with dates for when each tablet should be administered. This was an additional measure to enable the service to see if when a medicine was missed, when the exact date and day this occurred.

Staff stayed with the person whilst they were taking their medicines and provided encouragement and support, where needed. Some people had medicines prescribed for mood, as needed (PRN). There was a protocol explaining when and why this type of medicine should be used, to ensure PRN was used in a consistent way. The lunchtime medicines were administered following the medicines policy and procedure. Some people were supported to be independent in the management of medicines which was regularly risk assessed.

Staff confirmed they had training in safe management of medicines and that their competencies were checked by the assistant manager on a regular basis. The assistant manager said they completed monthly audits on the medicine records and stock and where there were discrepancies they checked what the cause of this was. If staff made more than one mistake, they would be offered additional training and support to ensure their skills were updated.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received updated training on safeguarding on an annual basis. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to Care Quality Commission (CQC). There had been no alerts raised by the service or from other sources within the last 12 months.

The legionella risk assessment and fire risk assessment were in place and these included regular audits to ensure areas identified for action were completed. For example to reduce the risk of legionella, shower heads and water outlets were flushed out regularly. This was recorded to show it was completed at regular intervals as the assessment had recommended. People had individual evacuation plans to assist staff with quick evacuation if needed. In addition monthly checks were completed on hot water outlets and the general environment to ensure people's safety.

Is the service effective?

Our findings

People said they liked the staff who worked with them and gave examples of how they provided effective care and support. For example one person said "When I get anxious staff help me stay calm. They help me with things I enjoy doing. They help me with my room."

Staff received training which enabled them to feel confident in meeting people's needs. For example one care staff member described how there had always been regular opportunities for learning. They said if there was a new training need identified, such as the arrival of the new hoist, then "training always happens". They were also able to describe having had some training in mental capacity and how to make "best interest" decision. They gave a specific example of how this training had led to a sensitive approach with a particular resident. The registered manager and deputy manager kept abreast of training and training needs for the staff group by reviewing when staff last had training and by offering monthly training sessions as part of the staff meetings.

New staff were required to complete an induction programme which included the nationally recognised Care Certificate. This ensures new staff have a comprehensive induction covering all aspects of care. The Care Certificate is a set of national standards that social care and health workers should demonstrate in their daily working life. The standards should be covered as part of induction training of new care workers. In addition to this, new staff were expected to complete initial shifts working alongside a more experienced worker to ensure they understood people's needs and how the home runs. One staff member confirmed that they had shadowed another member of staff for the first two weeks. They said the induction process was comprehensive and was given to all new staff completed it. The staff member said they were made to feel really welcome and were encouraged to ask questions until they felt comfortable with the range of tasks they was being asked to undertake. "I was eased in gradually."

Learning and development was encouraged and supported to ensure staff had the right skills. Staff described how they were encouraged to achieve qualifications in care and the training matrix showed particular topics being covered. The registered manager described how he was bringing in a new appraisal system to help motivate staff to make them more responsive to people's needs. He recently held a training session on care planning. He had also delivered training recently on the Mental Capacity Act, focusing on best interest decisions. The registered manager had plans in place to ensure all staff received an annual appraisal with some specific objectives for the coming year.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were current DoLS applications that had been submitted for approval with the authorising body, Devon County Council. Care staff confirmed they had completed training in this area. Staff understood the principles of ensuring people were given choices and where possible consent gained. They were able to give examples of how they ensured people consented to their care and we saw this in action. Where people lacked capacity, relatives had been consulted as part of a best interest decision. For example where people had needed surgery and were unable to consent, their GP and community nurse and family had been consulted to help make a decision in the person's best interests.

People said they were always consulted about the menu choices. The registered manager explained they sat down with people to plan the week's meals and to write out their shopping list. People were supported to take part in weekly shopping for groceries and where possible to be involved in some aspect of meal preparation and helping to make meals times a relaxed and pleasant experience. For example helping lay the table. Staff used pictures and photos to help people make a choice about the meals they wished to have each day. One staff member said "You soon get to know what people's likes and dislikes are and we try really hard to make meals everyone will enjoy." On the first day of our inspection, people were enjoying fresh baguettes with a variety of fillings. People were enjoying the good weather and lunch was served under two large gazebos in the garden. Staff were aware of where people may need encouragement and support to maintain a healthy weight or ensure food was prepared in a way which was easy for individuals to eat independently.

People's daily records showed that the service consulted with a variety of healthcare professionals to ensure people's healthcare needs were fully met. People confirmed they saw their GP and other healthcare professionals when needed. Relatives said they were kept informed of people's changes in healthcare. Where someone needed hospital admission, the service had developed a hospital passport with all the important information healthcare staff may need to know to support the person in hospital. Healthcare professionals confirmed the service were proactive in seeking advice and support from them when needed.

Consideration had been made in ensuring the environment was homely and reflected the needs and wishes of the people living there. Bedrooms were highly personalised and communal areas had been made homely and colourful with lots of pictures and artwork. Signs and pictures were used to help orientate people to where different rooms were. Since the last inspection the provider had invested significantly in the building to improve facilities. This included an extension to the main building to build more bedrooms, enabling people to have their own rooms. Previously there were a number of shared rooms. Now there only remains one shared room. The two people who shared this room had chosen to continue with the arrangement. There had also been a new office built which allowed the provider to then utilise the existing office into another area for people to use. They were in the process of making this area into a music and activities room. The provider had also built a large gym and relaxation room for people to use. This included gym equipment and a massage chair. People said they enjoyed the new facilities. One person said "I like to go into the gym and relax, it's very good."

Is the service caring?

Our findings

People said they were supported by staff they liked and valued. People described in their own words how staff supported them in a very caring, supportive and inclusive way. For example one person told us how they had been supported to visit someone who was important to them and they hadn't seen for a long while. They said "(name of registered manager) helped me plan and visit my relative. I thought that was really good. I am very happy they did that for me. It was a long way and I was really happy they helped me to do this." This was something the person had not been able to do previously and demonstrated a commitment to working in partnership with people which meant people feel consulted, empowered, listened to and valued. For this person, the positive impact of the service facilitating them visiting people who were important to them was clear. Their self-worth and emotional well-being had improved.

Relatives were extremely positive about the caring attitude of the registered manager and the staff team. One relative said "I cannot fault the care and attention people get. Staff are extremely caring, my relative is always keen to return and sees it as their home. It is very homely and caring is it's top attribute." Another said "There are always lots of love, happiness and laughter...very competent and caring staff. They all go the extra mile and often come in on their own time to make sure the residents get lots of outings and fun times." One relative described how the registered manager went "above and beyond the call of duty" often taking people out on his days off and including them in his own family trips and events. They said "(name of manager) always thinks of the residents first. The whole family are so very caring. Wellesley is absolutely first class!" The positive impact of people being included in family outings and additional holidays and trips was clear to see. People were engaged and happy, describing how fulfilling their lives were. One person summed it up saying "We get to do so much with (name of registered manager) and staff, I really love it here. It's the best!"

The interactions we observed between people and staff were really warm, affectionate and it was clear people had strong bonds which were important to them, with staff. Staff talked with people in an empowering way ensuring they were always at the heart of what was being discussed. For example when people were sitting outside for lunch, staff sat with people to enjoy their lunch. Staff talked with people about topics which were important to them and coaxed those less able or willing to engage to join in and ensured the lunchtime was social and meaningful to people. They discussed what people would like to do following lunch. Where people were unable to give a response in words, staff used objects and photos to help them make choices. There was no distinction between staff and people who lived at the service; they all sat together as one group, enjoying each other's company. This showed the service had a strong, visible person centred culture.

Staff ensured people were treated with respect and dignity at all times. They worked alongside people to promote their independence where possible and to encourage people to be actively involved in the running of the home. Staff showed a great deal of patience and kindness in all their interactions, ensuring people were involved in all aspects of their daily life. When staff came on duty, they made sure they greeted each

person and asked how their day had gone. During handover between shifts, staff spoke about people with respect and in a way which showed they promoted people's involvement and enjoyment. Staff said it was important that people enjoyed their day and had meaningful interactions and activities which promoted their health and emotional well-being. One staff member said "It's great we have different areas for people to relax in, but the main hub is the dining and kitchen area, just like any other family home."

We heard how one person had needed nursing care and so they had looked for a nursing home local to them to ensure their friends could continue to visit and see them. The registered manager said "Some of these guys have been together for a very long time. It is important for them to have that ability to stay in touch." When people needed hospital treatment, staff visited frequently to ensure they had people around them who were familiar and who knew them well. The assistant manager described how they provide extra hours of support to ensure people felt secure and cared for if they needed to be away from the home. She said staff were always willing to put in a bit of extra time to "make the service a happy home where people had lots of opportunities and meaningful days."

It was clear staff were motivated and inspired by the registered manager to offer kind and compassionate care to people. One staff member said "I have so much respect for (name of registered manager); he is so caring towards our residents and to staff. It is a really caring home, led by our manager who is a great example to us all." Staff gave examples of how the registered manager made sure each person living at the home were made to feel special and cared for. For example one person did not always receive very much post and the registered manager made sure they had parcels delivered on a regular basis with small gifts which the person enjoyed receiving.

Staff described people in an extremely positive way. They talked about their positive attributes rather than their needs and areas they may need support in. For example one person had been anxious and showed behaviours which may cause others distress. Staff described how they worked with the person to distract and concentrate on things they enjoyed doing. When talking about this person, staff said they enjoyed all the positive aspects of working with them and were working together to think of ways of working to reduce anxieties. One staff member said "We really feel for (name of person) if they are having a bad day, we really want to find ways for them to have more good days." This showed the service continually reviews their practice so that it is able to find ways to improve the care and support people receive.

In the provider information return the registered manager stated "As part of the induction it is emphasised that as a home we always put the individual residents first and treat them with dignity and respect. These are not just words, the constant supervision of the registered manager and assistant manager and their leading by example are key to this philosophy. We supervise staff mainly through observation (as per their supervision agreement) so that they can be given feedback on the quality of their engagement with service users and whether they are treating them with dignity and respect. We encourage and train staff to be always communicating with the service users in meaningful ways when carrying out personal care and to avoid being just routine and task centred.' We observed many examples of this in action during the day we visited the service. For example spending time with one person who appeared distressed at one point. Staff showed a great deal of patience with the person, answering their repeated questions in a calm way. This caring approach had a really positive impact. It helped the person stay calm and refocus on what they wished to do during the afternoon.

Staff were knowledgeable about people and their past histories. Most staff had been at the home for a number of years and as such had close bonds with the people that they supported. Staff were able to tell us about people's hobbies and interests, as well as their family life. Relatives confirmed they were always made

welcome and staff helped facilitate visits to the family home. Many relatives mentioned the annual garden party which they said was a great opportunity for a get together. One relative said "The staff work really hard to make this a special occasion and everyone loves it."

Is the service responsive?

Our findings

The service was exceptionally responsive to people's changing needs. For example one person needed extra support to ensure their emotional well-being was maintained. One healthcare professional detailed how well the service had been working with them to effect the right changes to enable the person to maximise their potential and reduce their anxieties. They said the service had the right approach in working with professionals to achieve the right care and support for people. The healthcare professional said the service were not concerned about increasing or retaining funding, but wanted to ensure the placement was right for each person. The impact of this flexible and person centred approach meant the person was able to take part in more activities than they had previously done. This had increased their emotional well-being. Other examples including looking for more age appropriate activities for people as they became older and perhaps needed a quieter or different type of activity.

One relative said "Without doubt (name of registered manager) is a caring and committed person who makes sure this service is the best. He and the staff go out of the way to ensure people have the best care possible. I am very privileged that (name of person) lives in such a home."

Healthcare professionals were really positive about the caring and adaptable approach and ethos of the service. One said "They work really hard to make sure people have fulfilling lives and they appear very caring. It is a very positive home."

One person's health had deteriorated and they had been showing signs of dementia. The registered manager was looking for ways to keep them engaged in things that were familiar to them. They had recently purchased a photo album with a device on each page which would allow a recording to be made to go with the photo. The registered manager said they were planning to include some of the person's favourite family pets and would also include their noises. They described how they were also going to ask family to say familiar sentences to help the person remember them. The impact of this creative approach meant staff would be able to use the album to help the person remember people and places which remain important to them. Staff also used communication mat, photos and symbols with people to help them make choices and be actively involved in the decision making processes within the home. For example for shopping and choosing events and activities people wanted to do.

They had also looked at materials and training in dementia care and talked about using some of the good practice from a model used in dementia care. Where people were showing signs of early onset of dementia, the registered manager had talked to staff about thinking about to support them. For example he had suggested looking at cues for bedtime and maybe wearing nightclothes to encourage people to understand it was bedtime. He had also been proactive in ensuring people's changing needs were being considered. For example, he had arranged to ensure there was a hoist in situ ready for when someone's needs increased, rather than waiting for an event to occur, such as a fall or inability to weight bear. This demonstrated the registered manager was forward thinking in looking for ways to enable people to live as full a life as possible.

Relatives confirmed in their view how responsive the service had been to their own and their relative's needs. One said "They have always supported me and my relative; I couldn't ask for better. They drop (name of person) off and pick them up so I can spend time with them. All the staff are very helpful."

One relative wrote to us to detail what they felt the service were doing well. They stated "It was noticeable from the beginning how much he progressed from being in a smaller group. This has continued, all the residents are treated as individuals with their different capabilities and needs. They are also like a family and feel that Wellesley is their home. (Registered manager's name)'s enthusiasm has made Wellesley an example of how a residential home should be run.'

People said they had fulfilling lives and had been supported to be actively involved in the running of the service. For example people were asked their views about potential new staff when they came to visit. When considering a new person moving into the home, the registered manager said they spoke to each person about this to make sure they were happy with any potential new people. He said "This is their home and it is important we get people who can live together. We never just fill a bed; it always takes us a while to consider if the person will fit in with everyone else already here. They are like a family and we want to make sure it is right for everyone."

People were supported to do a wide variety of activities and interests which they had chosen to do or had been encouraged to try new things. Some people had paid employment or volunteer work. This was very important to them to feel a valued member of the local community. It was clear staff supported these placements with great enthusiasm and helped the individual to prepare for work, travel to work and in some instances to support them during their work placement. One person said "I really love my job, enjoy doing it." Staff confirmed they worked extra time on occasion to enable people to do their work placements. Staff were willing to be responsive in their working times to enable people to achieve their wishes and activities which were important to them. For example, staying on extra time to enable people to have time to shop and enjoy a meal out.

The registered manager strived hard to think of imaginative ways to provide meaningful activities and ensure Wellesley and people living there were active within the local community. The registered manager was also the chairman of a local learning disability social club and helped to ensure this club offered weekly sessions for people to get together and socialise. The club also provided outings and events. When day services ceased to be offered by the local authority, the registered manager was a driving force within the local area in seeking out ways in which people with learning disabilities could still have access to a variety of activities, work experience and opportunities to stay in touch with their long-time friends. He had developed strong links with community groups to enable people to have work placements as well as paid work.

People were enabled to have more than one holiday a year. This took considerable commitment from the small staff team. They had listened to people's wishes and aspirations and included planning trips to places individuals were interested in seeing. For example several people were due to go to London to see the Harry Potter experience. Others had enjoyed several activities weekend holidays.

The registered manager also looked for ways to engage with the local community. For example one person helped out at a local crafts and coffee morning. The service used a local hall to run sessions for craft and invited other homes to participate. They kept in touch with other homes had had friendly bowling

completions. The registered manager had also forged links with an activities centre where people went swimming regularly. They had spent several weekends on holiday participating in a variety of activities. Other holidays were also planned around individual's interests and hobbies. For example there were plans for several people to go to London to visit the Harry Potter experience. Other people in the home were planning a trip to a holiday park to enjoy discos and socials evenings.

People's needs had been assessed before they moved into the service to ensure these needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication and their mobility.

People and relatives were involved in their care and support planning. Care plans had been written by the registered manager, and involved the person, their family, and health / social care professionals wherever possible. The registered manager said he was planned to increase staff involvement in the care planning stage. The registered manager had recently held a training session for staff to understand the principles of care planning. This had promoted the home's person-centred approach.

Staff described how care plans were regularly reviewed with the person. People's choices and preferences were documented and those wishes were met. People had a great deal of involvement in choosing pictures in their person centred plan which were meaningful to them. These complemented the care plan and risk assessments, which staff used to know how to appropriately respond to people's needs. There was detailed information about people's likes and dislikes and these were well known to staff. This helped them to plan for people in an individualised way. This also ensured staff understood, recognised and responded to people's social and cultural diversity, For example making sure people had activities which suited their preferences and wishes.

Since the last inspection the registered manager/provider had thought of initiative ways to adapt the home to provide more space. He had invested in the building to build more bedrooms, which had enabled people to have their own rooms. Only one shared room remains and both people had opted to continue with this arrangement. There had also been a new office built which allowed the provider to then utilise the existing office into another area for people to use. They were in the process of making this into a music and activities room. They had also built a large gym and relaxation room for people to use. This included gym equipment and a massage chair. People said they enjoyed the new facilities. One person said "I like to go into the gym and relax, it's very good." The impact for people meant they had a number of communal areas to enjoy. The garden was seen as an extension of the home. They had furniture, gazeboes and a sun house for people to wander around, sit and enjoy the sun.

People's views were sought in a variety of ways. On the second day of inspection, there was a house meeting. This was facilitated in a sensitive way to ensure everyone had an opportunity to talk about something which was important to them. During the meeting, people were asked about what they enjoyed doing and what they would like to see happen in the future. Staff offered suggestions about possible activities and people's views were recorded. These meetings were popular and occurred on a regular basis. The registered manager also said in the Provider Information Return that he spent time with people to ensure they had an opportunity to express their views heard in a quieter setting. He said people liked to have a chat with him and often asked for this, although they rarely had a concern, more an opportunity to share something they liked or had enjoyed doing. There was a complaints process which was in an easy read format. No formal complaints had been received in the last year.

Is the service well-led?

Our findings

There was an extremely positive culture within the home between people who lived there, staff and the registered manager. Relatives commented on the strong leadership of the registered manager which had helped influence the culture and ethos of the home.

We asked the registered manager why he felt the home ran well. They said they did not employ people for their qualification, but looked for their caring approach and a genuine desire to "support people to be the best they can be." The registered manager said their ethos was for people to be in a homely environment and have fulfilling lives. Staff shared this ethos and talked passionately about ways in which people were supported to enjoy their lives and take part in a wide variety of activities and opportunities to enable them to have fun and a sense of achievement. One staff member said "It doesn't feel like work, I feel privileged to be able to come and work alongside these people. They have taught me so much."

The registered manager took time to recognise and celebrate good practice with staff. This was done via one-to-one supervisions and in staff awards where staff were given a small gift in recognition of their work. For example staff had been given such recognition for covering extra shifts and coming up with a great idea for improvement. Staff said they felt valued and the management approach was open and inclusive. The staff team were stable and staff retention was high, which was testament to the inclusive and encouraging approach of the leadership within the home. A staff member said "I love working here. I feel very well supported. I would not want to work anywhere else. "

The registered manager kept up to date with best practice and current trends in adult social care. They had subscribed to an organisation which was helping them to think about how they worked towards the five key questions CQC inspect against. They had also looked at materials and training in dementia care and talked about using some of the good practice from a model used in dementia care. The registered manager/provider continually looked for ways to improve the environment and had invested in new building work to include bedrooms, extra communal space and a gym and relaxation room. The environment was decorated to a high standard and people had been given an opportunity to have their say about the decoration which included having lots of photos around the home of events and fun times people had enjoyed. This gave the service a very homely and welcoming feel. People said they loved Wellesley and were clearly proud of their 'home'

The service offered placements to students considering a career in care. They had received many letters of thanks for the opportunity to see how care settings worked. One described how the student had decided to embark on a care role having worked at this service and another had obtained a job following a placement at the service. This showed the registered manager's commitment to sharing their philosophy of providing a homely environment where everyone was valued.

Audits and checks were completed to ensure the environment, equipment and records were reviewed to ensure safe and effective care and support to people. The registered manager said staff members had responsibility for some of these audits just as he felt it was important for him to be hands on and provide

care and support alongside the staff team. It was clear staff felt valued and knew their views and ideas were helping to improve the service. It was also clear that staff, people and relatives valued the approach the registered manager had engendered. This included ensuring everyone felt valued and had an opportunity to grow and develop in a homely environment where a compassionate approach was always promoted. One staff member said "Everyone matters here." We saw numerous examples of how this was working in practice in the way staff interacted with people throughout the days of our visits.

Staff felt supported and able to raise any concerns with the registered manager. Staff described feeling very supported and empowered by their manager. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff said they had not needed to do this, but felt confident they would know what to do if required. The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies.