

Broadham Care Limited

Ormesby House

Inspection report

West Hill
Oxted
Surrey
RH8 9JB

Tel: 01883714757
Website: www.broadhamcare.co.uk

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

Ormesby House provides accommodation and support for a maximum of 10 adults with a learning disability or autistic spectrum needs. At the time of this inspection there were nine people living at the home. People had varied communication needs and abilities. Two people were able to hold conversations, some people were able to express themselves verbally using one or two words; others used body language to communicate their needs. People required differing levels of support from staff based on their individual needs. All people needed emotional support and help to access the wider community outside of the home in which they lived.

This was an unannounced inspection which took place on 23 August 2016.

During our inspection the registered manager was present. 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 and associated Regulations about how the service is run.

Everyone spoke very highly of the registered manager. Staff were highly motivated and told us that management at the home was very good. The registered manager was aware of the attitudes, values and behaviours of staff. She took responsibility for maintaining her own knowledge and shared this with staff at the home. The provider's values were embedded at the home and known by all.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. Quality assurance processes included obtaining and acting on the views of people in order that their views could be used to drive improvements at the home.

People were routinely involved in the review of their care packages, making decisions about the service provided and supported to express their views. A range of aids were used which helped ensure everyone, regardless of their abilities were routinely involved. These included pictorial aids, the use of I-Pads, Skype and communication books.

Medicines were managed safely and staff training in this area included observations of their practice to ensure medicines were given appropriately and with consideration for the person concerned. People were supported to be as independent as possible with their medicines.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for continually reviewing incidents and accidents that happened

within the home in order that actions were taken to reduce, where possible reoccurrence. Checks on the environment and equipment had been completed to ensure it was safe for people to use. The home had suitable equipment to meet people's needs and promote their independence.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

Ormesby House was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process. Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. People were supported to access healthcare services and to maintain good health. People played an active role in planning their meals and had enough to eat and drink throughout the day.

Positive, caring relationships had been developed with people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed.

Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. Pictorial information of what to do in the event of needing to make a complaint was displayed in the home.

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.

Systems were in place that ensured that people received their medicines safely.

People told us that they felt safe and that there were enough staff on duty to support them and meet their needs.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

Is the service effective?

Good 

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received and Ormesby House was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect.

People exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these.

Is the service responsive?

Outstanding 

The service was very responsive.

People received highly individualised care that was tailored to their needs. The service was creative in enabling people to live as full a life as possible.

Staff were very flexible and responsive to providing person centred care which improved people's wellbeing. Innovative ways of involving people were used so that people were at the heart of everything.

People were listened to and their comments acted upon.

Is the service well-led?

Outstanding 

The service was very well led.

People's views were central to driving improvements and monitoring quality at the home. Quality assurance systems were embedded that helped ensure consistently good standards were maintained.

The registered manager was committed to providing an excellent service that benefited everyone. Staff were highly motivated and there was an open and inclusive culture that empowered people.

The provider's vision and values were embedded in all aspects of service delivery and were owned by all.

Ormesby House

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 checked 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.

One inspector who had knowledge and experience of supporting people with learning disabilities carried out this unannounced inspection which took place on 23 August 2016.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As we had not asked for a PIR to be completed the registered manager sent us information about the service within 24 hours of our inspection. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people who lived at Ormesby House and a relative of a third. In order to ascertain if people were happy with the support they received we also spent time observing the care and support they received, how staff interacted with people and people's body language when they were going about their daily routines. We observed a member of staff giving medicines to a person and we sat and ate our lunch with a person. We spoke with three care workers, an external consultant used by the provider, the nominated individual and the registered manager.

We also reviewed information that we received from two external professionals who provided a service to people who live at Ormesby House and spoke with a further three relatives on the telephone. They gave their consent to have their views included in this report.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for three people, and other records relating to the

management of the home. These included three staff training, support and employment records, quality assurance audits and reports, minutes of meetings with people and staff, findings from questionnaires, menus, incident reports and maintenance records.

Ormesby House was last inspected on 20 November 2013 and no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared very happy and at ease in the presence of staff. A relative said, "They are not over protective. They protect X from harming himself by finding distractions. X is safe absolutely. If there was anything I would mention it. They are very good like that."

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff explained, "They have a whistle blowing policy here. If the manager is not on duty I would inform the senior or head office." The registered manager reported incidents to the local safeguarding team appropriately.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and support plans were in place that considered any potential risks and strategies were in place to minimize the risk. For example, one person was supported to go ice skating. Extra staff were allocated to support the person so that they could enjoy this activity and remain safe. Staff understood the importance of allowing people to take risks. One explained, "We have people who are diabetic. They can make a choice of food with sugar but we have to advise of the risks and offer alternatives. If they still choose to have sugar then we do extra blood sugar level tests to check and keep them safe."

Systems were in place for continually reviewing incidents and accidents in order that actions were taken to reduce, where possible reoccurrence. When one person became physically challenging towards others staff worked with the behaviour support team, completed thorough monitoring of situations and changed the support given to the person. As a result, the behaviours and the risk to themselves and others wellbeing had reduced. In addition, the registered manager completed an annual evaluation of incidents in order to identify themes or trends. In response to the 2015 evaluation new guidance regarding seating arrangements for people in the homes vehicle was introduced. As a result risks to people were reduced.

Checks on the environment and equipment had been completed to ensure it was safe for people. There was an up to date business continuity plan in place that assessed and planned for events that included adverse weather conditions, fire and power outage. Personal Emergency Evacuation Plans (PEEPS) were in place for individuals that could be used to move people safely in the event of a fire.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. In addition to medication administration record (MAR) sheets people had individual medicine profiles which included a photograph of the individual, details of what each medicine was for and guidelines for 'as and when required' medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The recording and storage of medicines and training of staff was in line with the provider's medicines policy. The staff responsible for administering people's medicines were trained and competency assessments were in place that included observations of their practice.

We observed that there were sufficient staff on duty to meet people's needs safely. Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way.

Staffing levels were based on people's needs. Their dependency levels were assessed and agreed with the relevant local authority who funded people's placements and staffing allocated according to their individual needs. Some people were funded one to one care and we observed that this was provided. The registered manager explained that additional staff were at times allocated to shifts in order to meet the needs of people; for example when activities outside of the home required it and that she was allocated to shifts in addition to the care staff. Records that we looked at confirmed this.

Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. A relative said, "People here are not treated like second class citizens. Staff had to have training. The owners are quite strict about that and that high standards are maintained." A second relative said, "X is very happy there and that makes me happy."

People confirmed that they consented to the care they received and we observed that staff checked with them that they were happy with support being provided on a regular basis. Staff sought people's agreement before supporting them and then waited for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary and used non-verbal forms of communication in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood her responsibilities in relation to the MCA and DoLS. She had submitted DoLS applications to the authorising authority as required. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded.

Staff were skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager or senior member of staff who reviewed their progress and offered support. Training was provided during induction and then on an ongoing basis. Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medication and moving and handling.

A training programme was in place that included courses that were relevant to the needs of people who lived at Ormesby House. These included epilepsy, diabetes and autism. Some staff had also received Makaton awareness. This meant that staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual

appraisal. Supervision consisted of individual one to one sessions and group staff meetings. The registered manager told us that the aim was for staff to receive supervision "Every other month." All staff that we spoke with said that they were fully supported to undertake their roles.

People played an active role in planning their meals and had enough to eat and drink throughout the day. People chose to sit and have their lunch in a variety of places. The atmosphere was relaxed and people appeared to enjoy their meals. One person who we sat with at lunch said their meal was "Delicious." There was a four week menu in place that offered a choice of meals. This included cultural options for one person with specific needs and preferences in this area. People who were unable to communicate verbally were supported to make choices by using picture cards and the pictorial menu that was in place. People were encouraged to participate in preparing and cooking meals based on their individual abilities and preferences. For some this meant actively participating and for others being in the company of staff when they completed tasks.

People were happy with the support they received and had a balanced diet that promoted healthy eating. Staff knew people's individual preferences without the need to refer to their records. People had individual support plans for meals that helped them to receive suitable and nutritious meals based on their individual needs. People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the home to provide people with food they liked and for those who could not tell them verbally what they wanted, with food they were known to enjoy.

People were supported to access healthcare services and to maintain good health. One person told us about the support they received to manage their diabetes. They said, "I have to keep my count down. I have injections four times a day by staff and me. They draw and I inject. Optician checks my eyes and chiropodist comes here and I go dentist." When spending time with this person in their room we saw that they had an exercise bike. They told us how this also helped them to stay fit and healthy and to manage their diabetes effectively.

Relatives told us that staff supported their family members to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and that women were supported to attend breast and cervical cancer screening clinics. People were also supported with their mental health needs. This included regular appointments with psychologists and behaviour support teams.

People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get. Disability Distress Assessment Tool (DisDAT) had been completed for people which helped staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. A relative said, "They (staff) all care. Dignity and respect is 100%."

Positive, caring relationships had been developed with people. One member of staff said, "It's like a big extended family here. It's brilliant." A relative said, "There are close relationships and bonds with residents and staff. It can feel sad if a member of staff leaves but it can't be helped." A second relative said, "X is very happy there. The staff and manager are so friendly. They care is wonderful." A third relative said, "My sister absolutely loves the staff. She is always eager to get back when she is with us. She loves them like they are family, its home from home for her with her peers."

We saw frequent, positive engagement with people and staff. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

The registered manager told us that she spent time with people on a daily basis in order to build relationships of trust and to monitor how staff treated people. Records confirmed that the registered manager also discussed staff practice within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with her.

People were supported to express their views and to be involved in making decisions about their care and support. One person told us, "We have clients meetings. That's when we discuss cooking and activities. Last one discussed holiday. We are going Hastings, first week in October."

Each person was allocated a key worker who co-ordinated aspects of their care. Each person met with their key worker on a monthly basis to discuss, plan and review their care. One person told us of their key worker, "X helps me day and night." They had a great big smile on their face when talking to us about their key worker. Keyworkers were knowledgeable about the people they supported and their current needs. Records were in place of monthly reports completed by key workers that gave an overview of the person they supported. The quality of the contents varied. The registered manager acknowledged this and made arrangements for further support and training that included a mock key worker meeting to take place. In addition to the key worker meetings, each person had an annual service review that they attended along with important people in their lives.

Staff understood the importance of respecting people's privacy and dignity. One person explained, "Everyone has their own bathrooms in their rooms but we still make sure the bathroom door is shut when

assisting with personal care. Also talks in private and only tell those that need to know." Another said, "Give them space and privacy if in the shower and do not need our assistance. Give choices in everything and respect their preferences."

Two people had their own key to their rooms which they chose to use. The top floor of the home included two bedrooms that also had their own individual lounges and bathrooms that offered additional privacy to those who used these facilities. All rooms had their own individual ensuite facilities which again promoted people's privacy.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. A separate lounge was available in the home for people to spend time with relatives in private if they wished.

The gender of the staff employed at the home complimented the gender of people who lived there. Each person wishes with regard to gender specific personal care requirements had been obtained and support was provided in line with their wishes and preferences.

Is the service responsive?

Our findings

People received a highly responsive service that met their individual needs, preferences and aspirations. Staff went out of their way to ensure people received individualised care and support. One person enjoyed fishing and a member of staff who enjoyed this as their own personal hobby came to the home on their days off in order that the person could undertake this activity with someone who also shared the same interest.

The relative of another person told us how their family member had a medical appointment in London. They explained, "His key worker was on leave but insisted on coming. They take the extra time, they don't watch the clock. They go above and beyond for all the residents."

People were supported to increase their independent living skills based on their individual capabilities. One person told us how they helped carry out health and safety checks at the home and on the company vehicle as well as carrying out domestic tasks. These included checking tyre tread depth, oil and water levels. The person told us and audit records confirmed, that they carried out the checks on a weekly basis. The person told us that staff had initially supported them and that now they only required minimal guidance as they understood the importance of completing robust safety checks. Staff at the home had also supported two people to monitor their own blood sugar levels. Both people had differing communication and support needs and staff had provided highly personalised support that resulted in both people becoming more independent in this area. One of the people consented to us observing them receive support to monitor their blood sugar levels. Staff offered verbal support and encouragement and as a result the person was able to draw blood themselves and inject their own insulin. It was evident from the person's demeanour that they experienced a high level of self-satisfaction as a result of being able to do this for themselves.

The home worked with other professionals in order to meet people's individual needs. When they identified a change in the normal behaviour of one person they were prompt to seek advice from a psychiatrist. A behaviour support plan was implemented based on advice from the psychiatrist which staff were able to tell us about when asked. Known triggers for behaviours that could distress included hot weather. It was very hot on the day of our inspection and we saw that staff knew this could affect the person. Throughout the day staff were seen using the distraction techniques described in the behaviour support plan. As a result, the person did not appear distressed and medicine prescribed to be given when behaviour escalated was not needed.

When the physical and mobility needs of another person altered the home sought advice from an occupational therapist and the speech and language team. As a result a specialist item of equipment was arranged that helped ensure the person's posture did not increase their risk of choking. Staff used the equipment during our inspection and confirmed it had improved the person's quality of life.

People said that they were very happy with the choice and range of activities. One person told us, "It was my birthday last week. Went to Brighton, had fish and chips." A relative said, "They do loads of activities. There is always something going on. They always celebrate birthdays and events."

People were supported to access and maintain links with their local community. Food was purchased from local shops and supermarkets in order that people felt part of the community where they lived. For example, people purchased meat from a local butchers either daily or when needed. Plants were donated to the home by the local garden centre when they heard that the home was participating in 'Broadham in Bloom.' This was a gardening competition organised by the provider for all of the homes they operated. The aim of the competition was to find the home with the best garden designed and created by the people who lived there.

Each person had an individual activity programme based on their individual needs and preferences. Both individual and group activities took place. Activities included swimming, art and crafts, sensory stimulation, day trips and visits to local restaurants. Some people accessed activities at the local YMCA and college. People were also supported to start or develop hobbies that they had before they lived at the home.

For some people this was their first home living independently from families or specialist boarding school. The home embraced people's past and family lives whilst setting achievable goals and supporting people through adulthood. One person enjoyed horse riding as a child with their family and at school. After working together with behaviour specialists and the person's family they have been reintroduced to horse riding. This was a real achievement for the person due to their complex needs. Staff understood that despite these, the person should be offered the time, support and encouragement to undertake this activity. A trusting relationship was formed. As a result of the continued dedication and support the person was now able to not only tolerate wearing a riding hat but also enjoyed the experience of riding a horse once again. Photographs described the journey the person had taken to achieve this, where over an extended period of time they proudly achieved their goal.

Another person came from a family that had a love for gardening and the outdoors. The family have an allotment which the person helped maintain when visiting. Staff had supported the person to expand on this by taking part in gardening competitions. The person's family were also involved and together worked as a team and won third prize in one competition. In addition, the person was also supported to attend a gardening college. The collaborative working between staff and families had enhanced people's lives.

During our inspection some people went to Margate for the day. Others stayed at home and enjoyed sitting in the garden, having beauty pampering sessions, karaoke and watching a film. People appeared to really enjoy the activities they participated in. There was lots of laughter, smiles and real sense of fulfilment.

The registered manager and staff actively supported people with their relationships, cultural and spiritual needs and looked at innovative ways of doing this. One person told us how they had regular contact with their family and that this included staying with them at weekends and talking to them on the telephone. The same person told us about their culture and how they staff supported them. They showed us a film on their computer tablet that they had made with a member of staff of the same culture which showed how they liked their makeup applied and hair attended to. This was used to ensure new staff were aware and meet this person's individual needs. The menu in the home included cultural choices that met the person's needs also.

The home also arranged culturally themed weeks to celebrate people's differences. Those that had taken place include Hawaiian week, Jamaican week and British values week. During these times people dressed up, meals were cooked from the chosen country, music and entertainment provided and activities such as making flags arranged.

Records and discussions with staff confirmed that other people were supported to maintain contact with

people who were important to them based on their individual needs. One person told us how they had their own mobile telephone that they used to call their family. A relative told us how staff supported their family member to maintain contact by organising video calls. Newsletters that included photographs were also produced and sent to relatives in order to keep them informed of events that had taken place at the home. For example, the summer 2016 newsletter informed relatives about the valentine's day party and meal that had taken place. This included people researching on the internet and in books non-alcoholic cocktails and a three course meal which they helped prepare. Afterwards the newsletter informed people 'valentines cards were exchanged and the dancing begun!' Other events that people were informed about included England in the European football tournament, day trips and changes to staff.

Individualised support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. People confirmed that staff supported them in line with their wishes and the contents of their support plans.

People's support plans were person centred and included details about the emotional and communication support people required. Staff understood that people's communication needs varied. They were able to tell us about the individual needs of people. For example, one member of staff explained, "X cannot talk and uses gestures and a talking book. They will show you and use this to communicate. Another person communicates by laughing and clapping. X talks but a little quickly so it's important to listen carefully." A person invited us to view a film they were making with assistance of staff that was going to be used as a visual aid to inform people about the home and the services it provided. The registered manager told us that the use of films and computer tablets was being expanded as it not only allowed greater inclusion but people got a great deal of enjoyment from participating. This was confirmed by the people we spent time with; all of whom indicated great satisfaction.

People were routinely listened to and their comments acted upon. When asked what they would do if they were unhappy one person told us, "Speak to staff." Another said, "If not too happy go to X, X or X (all staff)." When asked who they would speak to if they felt staff did not help they said, "As somebody else, the bosses X and X (providers)." This person went on to explain that the provider regularly visited the home and spent time with people and that they could contact them by phone if they wished.

Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the registered manager. The home also had a comments book located at the entrance that people could use for making suggestions if they did not wish to use the formal complaints process. The registered manager informed us that it was her intention to make a film version of the complaints process as an alternative to the pictorial and written versions. Records showed that comments, compliments and complaints were monitored and acted upon in line with the provider's procedure.

Relatives referred to the providers by first name and told us that they could raise concerns directly with them if they wished. One relative explained, "X (provider) has said on more than one occasion that he is here on the end of the phone if I don't feel able to raise concerns. It's all about peace of mind, it's wonderful."

Is the service well-led?

Our findings

Everyone without exception spoke highly about management of Ormesby House and said that it was extremely well-led. One relative said, "I've had it in my mind for ages to write to the owners. If every home was run like Ormesby House there would be no need for CQC. They are absolutely brilliant! From a mothers point of view it's hard to let go. But I am never made to feel like I am a nuisance and they act on my suggestions. They are outstanding without a doubt."

The provider had clear values that placed people at the heart of service provision. These included 'Create a positive work environment, practice teamwork, respect each other' 'We pledge to provide our clients with the best opportunities whatever their ability' and 'We support our clients in making choices about their care and their lives.' We found that these values were owned by the registered manager and staff and embedded in practice at the home. Every member of staff was provided with a pocket size card which had the values written on, so they could regularly refer to it. There was an extremely positive culture within the home which promoted honesty, openness and an application of human rights, diversity and equality during care delivery. As a result, people received a highly individualised service from a dedicated and committed staff team.

People were empowered by the provider who had been creative in enabling people to voice their opinions on the quality of service provided. One person proudly showed us their identification card which detailed they were employed by the provider as a 'Quality Checker.' They told us, "I have to check here and other places. Once a month go to another home and do checks on the quality of the service being provided." This was a role introduced this year by the provider to enhance further that people were at the heart of services and their involvement was valued. Staff had compiled a photographic folder that showed how the role had been advertised, short listing had taken place before interviews were conducted and references obtained. Two people from Ormesby House were successful in obtaining roles as Quality Checkers for the provider. One person showed us a camera they had purchased with their wage from their job as Quality checker. The smiles and the way the person was excited to tell us about their role showed how they were proud of their achievements and felt valued as an individual.

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The nominated individual (a formal representative of the provider) was asked by Young Epilepsy to join as a Governor and Trustee eight years ago. This was following close work undertaken between Broadham Care Limited and Young Epilepsy. Young Epilepsy is a national charity that provides access to health and education services, research and support to parents and young people with epilepsy. The nominated individual shared his knowledge and experience from Broadham Care Limited to help Young Epilepsy in areas including inspections, policies and procedures and residential services. Part of the partnership working has included Broadham Care Limited being invited every year to Young Epilepsy's open day. At this event providers are able to show parents of young people what services are available to people with epilepsy. The nominated individual explained, "We feel many parents are not advised about what they should be looking for in terms of adult provision. It is always our suggestion they look at as many services as they can in order to get a good comparison. We always suggest that when

visiting they look behind the scenes, for example, look in the fridge, do they have quality food? Is there fresh food, ask to see the menus and do the residents of the home have input into the menu. Speak to the staff.....are they happy working there? Speak to the clients ask about what they do, where they go etc. Also we recommend asking if you can visit a bedroom to see if it is personalised. We aim to generally give parents the tools in order to assess where they feel comfortable for their child."

The Chief Executive of Young Epilepsy visited Ormesby House and met with the registered manager in March 2016 as part of the provider's commitment to work with other organisations. They wrote, 'It was really good to have the opportunity to see another providers' services and hear more about the approach they take. The house had a really nice calm feel to it and the residents were clearly settled and enjoying life in what was so obviously home to them. It was also good to meet X (senior manager) and X (registered manager). Could you please thank them for giving me so much of their time and for sharing their thoughts about things and the challenges of working in the sector. It was very evidence that they are both very passionate about their work and enjoy it. You must enjoy working with them both too as they are great ambassadors for your services.'

Consultation, research and reflective practice were used to drive outstanding practice and improvements over time. Meetings had recently been introduced where the Directors of the company meet with registered managers individually on a regular basis. These gave the opportunity for registered managers to be kept up to date with happenings within the company and for Directors to be kept informed by registered managers of how each service is performing in all areas.

The nominated individual also has regular meetings with an Ambassador for Seeability and Chairman of Phoenix Learning and Care to discuss current care matters. Seeability and Phoenix Learning and Care are organisations that provide advice, support and services for people with disabilities. During these meetings information was shared to the benefit of all organisations.

Representatives of the provider attended The Brighton Showcase in March 2016. This is an event sponsored by Surrey Care Association and three local authorities where interested parties could find out more about latest research and practice in the social care field. As a result, the provider arranged for a company to give a presentation and training on 'Active Support' to its registered managers, including the registered manager of Ormesby House. Active Support is a model of support that is driven by example and effective leadership. The registered manager used learning from this positively facilitating further involvement of people at the home. She introduced the innovative idea of using technology (iPads) to help with the development of support plans in film format made by people themselves with the support of staff. She also shared this idea with other registered managers within the organisation. The nominated individual informed us that it is the providers intention to ensure this form of care planning and involvement is to be rolled out to all homes in the near future.

The registered manager has also shared other practices with registered managers within the organisation to drive outstanding practices. She gave a presentation and provided a template 'Senior Checklist.' This was a detailed guide for senior support workers on how to run an efficient shift. This was then adopted across the organisation as a structure for all senior support workers to use to ensure shifts were consistently well run and managed.

There was an extremely positive culture at Ormesby House that was open, inclusive and empowering. The registered manager said, "I am just 100% passionate about this place and so are the staff. I believe a happy staff team then generates out to happy clients. I can say hand on my heart that we do everything to the best of our ability. They, including agency staff have passion for the job. They go the extra mile. Visitors say about the atmosphere. If we are not doing something right, we will change it. We strive to improve. We try and

bring out everyone's abilities."

People spoke very highly of the registered manager and told us they felt valued as individuals. Staff were highly motivated and told us that they were fully supported by the registered manager to understand their roles and responsibilities. They told us that the registered manager led by example and regularly thanked them for the work they did. An agency member of staff who worked at the home on a regular basis said, "I know I'm an agency staff but they don't put you down. They make you feel part of the team. If I wanted a full time job I would want it here. She is one of best managers I've ever seen. She is approachable, involves everyone, is a good mentor." Another member of staff said, "The manager and deputy are both approachable and solve problems and offer support. I went to them for advice about a role and they helped me understand what was involved."

The provider also visited the home on a regular basis to personally thank staff for their efforts. Staff also received letters of thanks and vouchers as recognition of their efforts. One member of staff explained, "The company is very good to work for. I feel appreciated."

The registered manager took responsibility for keeping herself up to date on current good practice. This included subscribing to newsletters from organisations such as the Social Care Institute for Excellence (SCIE), The Autistic Society and the Advisory, Conciliation and Arbitration Service (ACAS). She regularly shared her knowledge and information with the staff team and other managers within the organisation in order to consistently drive improvements and to provide a quality service to people. For example, there was a 'Staff CQC updates and information' folder that contained copies of newsletters from CQC that directed staff to updates in latest good practice guidance and legislation.

The registered manager has also obtained information and guidance from other professionals in order to drive improvements and to support people who lived at the home. This included information from the Learning Disability Acute Liaison Services for Surrey. The aim of this information was to help people with a learning disability to understand their health and treatment options. As a result the registered manager had introduced a folder 'Clients guide to appointments'. This contained pictures and photographs that included dentists, doctors, medical equipment and devices. It also contained an easy to read guide to having a health check at a GP surgery. Information was provided in such a way as to help reduce potential fears of having injections, attending health related appointments and to improve accessibility of information for people who lived at the home; therefore improving the quality of service provided.

People's views were regularly obtained and used to drive improvements. A relative told us, "They do a yearly survey. Every year we are always more than satisfied with the service provided." The findings from the 2015/2016 surveys were analysed with everyone rating aspects of the service such as quality of care, friendliness of staff, response to complaints, food, activities and the environment as either 'good' or 'excellent'. Although this did not identify any specific areas for development the registered manager still put a development plan in place and shared this with people. This included reviewing the menu and plans for redecoration of parts of the building which had already been started at the time of our inspection. This showed a commitment by the registered manager to continually strive to make improvements.

Resident meetings also took place where people were encouraged to be actively involved in making decisions about the service provided. For example, in the August 2016 meeting people discussed and agreed changes to the menu, future activities and health and safety checks.

The provider and management of the home have ensured on-going compliance with the regulations over a sustained period of time. The home was first inspected in 2009. At that inspection and every other since they

have been fully compliant with the regulations apart from one breach in 2012 which was immediately acted upon. As a result of the sustained compliance the provider had an excellent reputation with other professionals. One external professional wrote, 'We have a dress down day each Friday and we donate the money raised to local good causes. Due to the excellent impression we got of the work undertaken by you and your team when we visited last June I put Ormesby House forward.' The home did not advertise when vacancies arose with care managers approaching the home when looking to find suitable places for people to live.

At this inspection we found that a range of quality assurance audits were completed by the registered manager and representatives of the registered provider that helped ensure quality standards continued and legislation complied with. The audits were based on the CQC fundamental standards and domains of safe, effective, caring, responsive and well led. Audits also included the provider visiting the service meeting people, staff and the registered manager. Where shortfalls were identified, action plans were put in place and steps taken to take action promptly. For example, during the June 2016 audit it was recommended that the stair carpet be replaced. This had been acted upon and the carpets replaced in the majority of communal areas of the home and not just the stairs.

The registered manager told us that the provider always acted promptly when requests were made. She said, "We just have to pick up the phone and speak to head office and we get straight away." They gave an example of the recently purchased BBQ and how carpets were changed in some areas of the home. The carpets were not damaged but staff felt they did not match the colour scheme. This showed that improvements to the environment were quality driven and not solely based on safety. The nominated individual told us that "We want it to feel and be their home." They also explained that they were "Constantly looking at every aspect of the service and strive to do things differently." They gave an example of the finger print recognition system in place at the home. Night staff were required to log in every half an hour and audits of response times were undertaken. The registered manager explained that random night visits took place but that the finger print system offered consistent monitoring.

Financial investment had been given over a sustained period of time to ensure the quality of the environment continually improved and people's lives were enriched. This has included major structural work to convert a ground floor shower room into a bathroom for one person. Also recently due to the deteriorating mobility of a person who had a first floor bedroom, resources were allocated and a new wing to the home was built. This created a bespoke ground floor room with e-suite wet room for the person. At the same time this significantly extended the dining room for the benefit of all people who lived at the home.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction. Discussions with staff and records confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously. The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. The registered manager submitted statutory notifications to us in line with her legal responsibilities.