

Heritage Care Limited

5 Horse Leaze

Inspection report

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Ratings

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

Summary of findings

Overall summary

5 Horse Leaze is a short break service based in a fully accessible bungalow. The service provides respite and short stays for up to six people with a learning disability. At the time of inspection there were three people staying at the service and one person being supported by staff in hospital. The service was last inspected in September 2015 and was rated as Good overall but was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service did not have effective arrangements in place for the safe administration of medicines. At this inspection, we found that the provider had addressed the issues and medicines were now being managed safely.

There was a registered manager at the service at the time of our inspection. 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.

The service was safe and people who used the service were protected from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. People who used the service told us they felt safe.

Risk assessments were personalised and robust and updated if there were any changes to people's needs.

People with behavioural needs were supported using positive behaviour support techniques.

Staffing levels were sufficient to meet the needs of the people who used the service and care workers demonstrated they had the relevant knowledge to support people with their care. The registered manager told us there was always enough staff to cover any absences.

Recruitment practices were safe and records confirmed this. The service obtained references and carried out checks to ensure that staff could work with vulnerable people.

Newly recruited care staff received an induction and shadowed other members of staff on various shifts. Training for care staff was provided on a regular basis and updated regularly. All staff had a 100 per cent completion rate for their training. Staff spoke positively about the training they were provided and told us about a culture of staff helping one another at the service.

Care workers demonstrated a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

The service was supporting people who were subject to DoLS and had submitted notifications to the Care Quality Commission.

People were supported with maintaining a balanced diet in line with specific needs. People told us they enjoyed the food.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary.

Care workers demonstrated a caring and supportive approach towards people who used the service and we observed positive interactions and rapport between them. People who used the service and their relatives told us that staff were caring.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity. People who used the service were supported to maintain their religious and cultural needs.

Despite the nature of the service being 'short stay' for the purposes of respite, people were supported to learn and enhance their skills during their time at 5 Horse Leaze, with the view of facilitating people to use their new and developed skills upon returning to the community. Care plans were person centred and focused on people's individual needs. People were encouraged to set goals for things they wanted to do and people's achievements were recorded to motivate them.

People who used the service were involved in the recruitment of new staff and sat on the interview panel and given the opportunity to ask questions.

Resident's meetings were held on a quarterly basis for all people who had used the service. People's views were recorded and changes were implemented accordingly.

The service had a key-working system to promote consistency in care. Staff demonstrated that they knew each person who used the service well.

Care plans were reviewed and any changes were documented accordingly. Staff told us that care plans were informative and contained vital information about people who used the service.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service told us they knew how to make a complaint.

The registered manager had a good relationship with care workers and the people who used the service. Care workers, people and their relatives spoke positively about the registered manager and their management style.

The registered manager had involvement in community networks and utilised the knowledge gained from conferences and forums to facilitate a high quality of care at the service.

The service had quality assurance methods in place and carried out regular audits and spot checks. The service monitored the feedback from people who used the service by way of an annual questionnaire and implemented action plans to resolve any issues highlighted in the survey.

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. People were protected from harm and told us they felt safe.

Risk assessments were thorough and robust and updated when necessary.

Staffing levels were suitable to meet the needs of the people at the service.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective. All staff had received regular training and supervision as well as an annual appraisal.

Consent to care and treatment was recorded in care plans and staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink.

People were supported to maintain good health and have access to healthcare support. Referrals were made when necessary.

Is the service caring?

Good ●

The service was caring. People who used the service and their relatives told us they were happy with the care.

Positive and caring relationships were formed between care workers and people who used the service.

People were supported with dignity and respect and their independence was promoted.

People were supported to maintain their religious and cultural needs whilst using the service.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive. People were supported in accordance to their individual needs with the aim of extending the skills they had learned during respite to their home life.

The service was dedicated to supporting people with complex needs and went above and beyond to meet the needs of a person in hospital.

People contributed to their care and told us they felt in control.

People were supported to follow their interests. Goals were set and achievements were recorded to motivate people.

Complaints and concerns were listened to and responded to.

Is the service well-led?

Good ●

The service was well led. Staff spoke positively about their relationship with the registered manager and their management style.

The registered manager worked in partnership with various organisations in the community and had vast knowledge on supporting their staff to care for people with learning disabilities.

The service had robust quality assurance practices and created action plans to resolve any issues picked up in these practices.

Staff felt supported and part of a team.

5 Horse Leaze

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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications, safeguarding alerts and monitoring information from the local authority. After our inspection we received feedback about the service from a health professional and a commissioner.

This inspection took place on the 12 July 2017 and was announced. This was because the location provides a residential short stay and respite service and we needed to be sure that someone would be in. The inspection team consisted of one inspector. We spoke with three people living at the home, two care workers, two team leaders the registered manager and 1 relative. We observed care and support in communal areas and also looked at people's bedrooms with their permission. We looked at four care files, four staff files, including supervision and training records, medicine records, policies, procedures and risk assessments.

Is the service safe?

Our findings

At our last inspection in September 2015 the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective arrangements in place for the management of medicines which meant they could not be sure if people were receiving their medicines as prescribed. At this inspection we found action had been taken to address these issues and medicines were now being managed safely.

Medicines were securely stored in locked cupboards in the office. Each person who used the service had their own medicine folder with their photograph at the front to ensure that the correct information was being followed. One team leader told us, "Medicine administration records are clear and dosages are clearly labelled. We sign the [medicine administration records] after giving medicine." Records confirmed that this was happening. We looked at people's medicine's folders and saw that each person had individualised information about the medicines they took, their dosage, the purpose of their medicine and any potential side effects. Medicine administration records were being correctly used and quantities of loose medicines were counted on a daily basis and recorded. The registered manager told us, "After our last inspection we have simplified the counting of loose medicines to once a day and this is done by night staff. We also do weekly check on medicines and it's on every team meeting agenda, it's engrained. Me and the two team leaders do the audits." This meant that medicines were being managed safely.

Records showed that PRN medicines were prescribed for some people who used the service. PRN medicines are those which are given on a 'when needed' basis. Each person who used the service had their own PRN protocol in relation to each PRN medicine and records confirmed this. The registered manager told us, "We have guidelines on PRN and each person will have their own protocol, for example one person has a PRN medicine for anxiety but the decision to give it is only made by me or if I am not here, whoever is on-call. We have managed to reduce their intake of this medicine in the time this person has been here as we don't want to over medicate."

The service assessed staff competency in administering medicines and reviewed their practice on an annual basis. The assessment included observations carried out by the registered manager. One care worker told us, "We have training in medicines and refreshers. After our training we have an assessment before we can start to administer medicines." This meant that the service was proactive in ensuring that medicines were being consistently managed in an effective and safe way.

One person who used the service told us, "I feel safe. Registered manager and carers make me feel safe." They also told us they felt safe at night. Another person who used the service answered "Yes" when asked if they felt safe at the service. A relative of a person told us, "[Relative] is safe. Of course."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding's that had been raised in a timely manner. The registered manager told us, "In our team meetings I question

staff's knowledge about safeguarding. They're all aware, they have all had their training and I can see their knowledge and practice through observation." One of the team leaders told us, "There are different types of safeguarding, sexual, physical, emotional. If I had any suspicions I would talk to the manager. The clients are the most important part of my job so if I had any concerns I would report it straight away." They also told us they felt protected to whistleblow if necessary, "I'm protected, it's a good thing." A care worker told us, "If I had any safeguarding concerns I'd let my manager know and colleagues and inform the local authority. If the manager wasn't available I would call whoever is on call or the Care Quality Commission." This meant that staff had a good understanding of safeguarding and how to raise an alert.

The service had robust risk assessments in place for each person and records confirmed this. One care worker told us, "We don't admit a client without a risk assessment. We will not bite what we cannot swallow. We'll make a plan and allocate a support worker to work with the client, meet the family, all the information we get we put it altogether in the care plan and risk assessment."

Care workers and the registered manager told us that they did not use restraint if challenging behaviours were exhibited by people who used the service. The registered manager stated, "I'm trained in restraint but we don't use restraint here. We have hands on training to keep service users safe. All staff have done positive behaviour support (PBS) training both stage one and stage two." One of the team leaders told us how they dealt with behavioural challenges presented by people who used the service, "I try and calm person down. For example [person], I know what they like and what makes them happy so I try and understand what has made them unhappy and talk to them." A care worker told us, "We know the rights of the clients and we have a duty of care." The registered manager also told us, "Managing people's behaviours without restraint is something we are good at." During our inspection we observed one person who was feeling emotional. The registered manager and care worker supported the person to calm down and this was done in a gentle and calming way. In addition, people had PBS guidelines in their care plans that were detailed and thorough to guide staff in the event of somebody exhibited challenging behaviour. PBS plans included information on triggers, how the behaviour will present itself and what to do about it. This meant that care workers had the information and resources to protect and support people.

The service had sufficient staffing levels to meet the needs of people who used the service. The registered manager told us about their staffing levels and rota, "Every day is different. All of our care plans are individually assessed and staffing is calculated as per the needs of the service users. There is a minimum of three to one staff to three clients based on needs during the day. If our numbers increase, then staffing increases or if needs increase, staffing increases. We also have a designated bank team through Heritage Care and lately because our demand has increased, for the past six months I've been recruiting bank staff. We also have three agency staff that are available on short notice plus two care agencies which are our final fall back option and I will fill in if I need to." They also told us, "We've recently recruited a second team leader position so now we have two team leaders to synchronise if I am on leave." The team leader told us, "Oh yes, there's enough staff and there is always cover and we support each other." This meant the service was dedicated to ensuring that there was always enough staff on duty to support the needs of the people who used the service.

After each shift, staff completed a handover sheet which contained a medicines audit, petty cash and money count, health and safety checks, any accidents or incidents and tasks relating to each person who used the service. This meant that staff coming onto their shift had the information they needed about each person and any issues that had occurred on the previous shift could be taken into consideration. This enabled staff to be well informed about people's day to day needs.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and

we saw instances of this. The registered manager told us, "Accident and incident reporting is all done online on our portal. Staff can report things online and it'll come directly to me and I'll send to the respective social workers. We record everything, we also record near misses so that we can have data for forecasting and prevention." We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.

The service had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks (DBS), proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed.

The premises were well maintained. The home environment was clean and free of malodour. The registered manager told us, "We have an infection control lead on every shift. We have a cleaning schedule and we encourage service users to get involved." One person who used the service told us, "I like to do some cleaning stuff."

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, Local Authority appointeeship or family support for the management of their money. The registered manager showed us cash records and receipts for all transactions that they supported people with and all transactions linked correctly with corresponding receipts. The registered manager told us, "Most clients don't come with any money due to the short stay nature of respite but those here for quite some time, their money is recorded."

Is the service effective?

Our findings

Records confirmed that all staff had received relevant training to support them in their role. This included training in equal opportunities and diversity, health and safety, fire safety, food safety, manual handling, first aid, medicines and safeguarding adults from abuse. We saw that there was a 100 per cent compliance rate with training which had been confirmed by the provider's learning and development manager. The registered manager told us, "We all do the mandatory training plus training in mental health, PBS (Positive Behaviour Support) and first aid. Ninety per cent of the time, the moment I short list someone, we don't wait for the DBS check to come through to do the training, we let the candidate do e-learning and then when their DBS comes through they will do their induction so there is no time wasted. [The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups]. Our volunteers and students also do all of the mandatory training and induction. We had one person who worked for Heritage Care for ten years but they went off for three months and on their return they had to do all of the training again, just like everybody else."

One of the team leaders told us, "I had lots of training, it was fine. Some of the training was on the computer and also in a classroom. I'm very practical so I enjoyed shadowing. The induction was very good, the registered manager is a perfectionist and expects a lot. When I first came here the staff were always helping and supporting me, they taught me everything."

All staff completed an induction and records confirmed this. One care worker told us, "The induction was good quality." The registered manager told us, "Every staff, bank or permanent do an induction which is spaced over 12 weeks. It covers every aspect. It's thorough as it's supplemented with the Care Certificate." The Care Certificate is a recognised qualification in care that ensures staff have the fundamental knowledge required to work in a care setting. This meant that as well as a robust training and induction programme, there was a culture of staff helping and supporting each other.

Records showed that care workers and team leaders received supervision on a monthly basis and an annual appraisal. Supervision topics included learning outcomes, concerns, team working, networking and people who used the service. One team leader told us, "Yes, I've had two supervision sessions in the two months I've worked here. We talk about the job expectations, the clients, my knowledge, procedures and self-development." This meant the service was dedicated to supporting staff to deliver a consistent level of care to people who used the service.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service. One team leader told us "MCA and DoLS are about lack of capacity, when somebody can't make a decision. Sometimes we have to do things in the person's best interest with the least amount of restriction. [Person] has DoLS but we still respect their choices. It's very important for people to be given the opportunity to choose." Care plans contained consent forms that had been signed by people who used the service to show that they had consented to their care where appropriate.

During our inspection we saw that the fridge, freezer and storage cupboards were well stocked and all food was labelled and in date. The registered manager told us, "We have all different cultural foods for example halal. We also have options like gluten free etc. Everything from the person's care plan relating to food is implemented." One care worker told us, "We do give choice and follow the care plan which tells us the person's likes and dislikes. We'll take the person to the kitchen to choose things."

The kitchen and fridges were kept locked due to one person who was placed at the service having a medical condition that required them to moderate their food intake. This was in line with their DoLS authorisation and records confirmed this. This person told us, "I can't be in the kitchen on my own. The food is quite alright." During our inspection, we observed that the other residents who were not subject to these restrictions were able to access the kitchen and fridge freely and care workers supported them to do so when necessary.

Staff had a good understanding of the complex medical conditions of the people who used the service and their management and there was a detailed food guideline for staff to follow in relation to one person's specific needs. One of the team leaders told us, "I understand [person's] condition and for their sake the kitchen is locked and fridge is locked. We still give them space to make choices as their diet is very restricted but it's enough to be satisfied and healthy."

People who used the service were supported to maintain their health needs and had access to healthcare services and records in care plans confirmed this. One team leader told us, "We take people to the GP or hospital if necessary." We saw email correspondence between the registered manager and health professionals whereby the registered manager had updated a consultant psychiatrist on the progress of a person using the service. A health professional told us, "They communicate well and work in liaison with myself and other members of our specialist health team." Care plans also contained information about people's health needs by way of letters from relevant health professionals such as speech and language therapists. One person had guidelines in place to follow a soft food diet and another person had regular involvement from a district nurse. We saw that these guidelines were being adhered to.

The registered manager told us, "We had a recent incident of a service user being restless and their family had reported that this was the case at home as well so we flagged this up with their social worker and requested a multi-disciplinary involvement." This meant that the service had a pro-active role in making referrals to relevant professionals to support people in their own homes as well as when they needed to use the service for respite.

Is the service caring?

Our findings

One person who used the service told us, "Yeah, I'm happy here. The carers and keyworkers, they're the same like the registered manager, positive people, nothing is negative. When I first came here I was distressed about coming to a different home. I was worried at that time because I thought it was permanent but it's going quite alright. I like being here." Another person who used the service gave us a 'thumbs up' signal when asked if they liked the service. A third person nodded 'Yes' when asked if they thought the care workers were caring. A relative of a person who used the service said, "We are really happy [with the care]."

During our inspection we observed positive and caring interactions between people who used the service and care workers. For example, one person who used the service told us they loved dancing and they were happily dancing to music in the lounge with a support worker. Another person who had told us they enjoyed playing the guitar was being supported by a care worker in the activities room whilst playing and they were being actively encouraged with praise and cheer. This person told us they wanted to do a performance for the inspection team and they were supported by staff to set up their instruments and requested that their care worker recorded them with a camera, to which the worker obliged. Before starting their performance, they thanked each member of staff individually for all of the care and support they had received whilst using the service.

People who used the service were treated with dignity and respect and during our inspection we saw examples of this. For instance, the registered manager showed us the different bedrooms and knocked on every door before entering. One person who used the service was being supported with personal care at this time and so the registered manager refrained from entering. One team leader told us, "We always respect people's dignity for example always ask the person if they're ready for a shower and encourage them to do as much as possible themselves to promote independence." A care worker explained, "Before any personal care we inform the person first and make sure doors are closed and tell them what we are going to be doing. Afterwards we make sure they're not exposed."

Care workers told us that despite the service providing respite on a short-stay basis for the majority of time, this didn't mean that people weren't supported to be more independent so that when they returned to their homes, they could utilise their new skills. For example, one team leader told us, "We have one service user who just wouldn't use the toilet so we came up with a strategy to support them and now they use the toilet. This person likes routine so we give them their personal care in the morning and they now associate this time with going to the toilet. We are always trying to encourage the people here to benefit them in the long term. I like helping people and seeing that they're improving, I enjoy it, it gives me lots of satisfaction." A care worker told us, "All the time we are trying to make them as independent as they can be. Prompting [person] to take their cup to the kitchen is a big achievement for them. They can develop skills."

Care staff recognised the importance of treating people as individuals. One care worker told us, "We don't have anyone here at the moment who is LGBT (lesbian, gay, bisexual or transgender)." The registered manager told us, "We have a sexuality policy and support them like everybody else." One of the team leaders told us, "They're human beings with feelings and I wish that everyone put in an effort to get to know people

with learning disabilities, the world would be a better place. I feel like I am doing a good job."

People were supported to maintain their religious and cultural needs whilst at the service. One person was supported by staff to attend their place of worship on a weekly basis and this was also reflected in their care plan.

Is the service responsive?

Our findings

The service carried out assessments prior to accepting people to use the service and records confirmed this. The registered manager told us about the assessment process, "The care plan is printed and everything is captured in the care plan, our care plans are always evolving with the information we get from parents, carers, social workers. My staff are my eyes and ears of what goes on. They update the care plan through their observations and talking and I am confident that they know all of the service users well." One care worker told us, "We use monitoring and observation to enable us to understand the behaviours of the people we support. The monitoring is very good as sometimes family won't tell you everything and this helps us to form a picture of the person." These observations were recorded in people's care plans and records confirmed this. This meant that care plans were thorough and robust and contained a wealth of information about each person and their individual support needs both through formal assessment and through observations.

The registered manager explained their process for emergency placements and said, "Emergency placements are usually authorised by me after speaking with the social worker. Our staff are very skilled in dealing with emergency placements. They'll read the emergency plan and get ready to care for the person. We've dealt with every possible scenario with emergency admissions you can imagine." One team leader told us, "The care plan is the first thing we look at before someone comes in. It's like my Bible." This confirmed that care plans were thorough and robust. A health professional who had regular contact with the service told us, "I think that it is very good [service], well managed and responsive to the needs of our service users and their families, including at times of crisis. They have been flexible stepping in to provide respite care at short notice."

The registered manager explained that for some people, they have to decline admission, "If we feel it's too much of a risk for them and the people already here but generally we accept people that other placements will refuse. My confidence and belief in my staff and leading by example via positive behaviour techniques and with coaching, my staff are able to learn from me." This meant the service was dedicated and experienced in supporting a wide range of needs.

Care plans were detailed and robust and contained information about people's likes, dislikes, preferences, health, behaviours, risks, food and drink, skills, personal care, medicines and communication needs. Each section was completed with the support of the person, social workers and health professionals as well as families. All details of people involved in the person's care were recorded. Care plans contained information about people's backgrounds, for example where they were born, information about their families and friends and information about what was important to them and how they wanted to be supported. One team leader told us about the effectiveness of the care plans, "They're very good and very clear. They contain everything you need to know; likes, dislikes, risks, everything is included. They are professional and detailed, if you can read, there is no way you can make a mistake, even the way to talk to the client, everything is in there. I'm using the care plans as part of my thesis at college." A care worker told us, "The care plans here are simple and easy to read. The structure is very helpful and information is easy to find. The registered manager makes sure we read the care plans." This meant that care workers had all of the

information they needed about people in order to provide person centred care.

The registered manager told us, "We've seen a lot of progress with people who come here. The proof is in the pudding, it boils down to what the impact is on the service user, and it's about achieving things for the clients that are measurable. We involve the service user and plan with them." One person who used the service told us, "On a Monday I have conversations with the manager about my care and my social worker. I've got an activity planner. Do I feel in control of my care? Yeah. I can contribute to it whenever I want." We saw examples of this person's activity planner, which was very detailed and varied. Activities included exercise, going to the cinema, music classes, computer classes, visiting place of worship and aromatherapy. The registered manager told us that this person liked structure and that their activity planner was followed, "99.9% of the time. [Person] is currently on half term from college so we adapt the activity planner accordingly." Daily records of care confirmed that care plans and activity plans were being adhered to and this meant that the service worked with people to provide personalised care and adapt activity plans to suit their schedules.

The service provided opportunities for people to engage in community activities and records confirmed this. One team leader said, "We are very open. If they want to go camping, we go. Cinema, college, we do it." The registered manager showed us photographs of recent activities and said, "Two service users went to a local festival last week. Every Saturday we take them out, for example museums, beaches, the forest; weather dependent they certainly go out." A care worker told us, "For the past few months we have had a BBQ every Sunday."

During our inspection we looked at people's bedrooms with their permission and saw that each room was decorated differently. Two of the six bedrooms were also fitted with ceiling track hoists and four bedrooms had hospital beds. One team leader told us, "Do we provide person centred care? I think so, yes, that's why people come back to us. Some people have been coming back here for years; , that's the proof." The registered manager told us about one person who regularly used the service liked to rip paper, "In preparation of her coming in we will go to the charity shop and get a box of old magazines ready for her." This information was reflected in the person's care plan and daily records of care. This meant that the service was taking steps to ensure that people who used the service were given a choice of activities in accordance with their wishes and preferences and also to promote their wellbeing and meet their needs.

The registered manager told us that even though the service was mainly a short stay respite service, they still strived to ensure that care was personalised. For example, "Each room is a different colour and has a different theme and we keep it as homely as possible and we will change things in a room according to people's needs, for example if someone has behavioural issues and it's unsafe to have pictures on the walls, we will remove them." They told us that people who used the service on a regular basis liked staying in a certain room and that this was accommodated to. A care worker told us, "We refer to the people here as guests, its respite, we treat them with respect. It's less institutionalised calling them guests. It's like a home, like a family and they can feel that. Bedrooms are full of colour. They can choose a particular room when they visit for example one person always requests the blue room." One person told us, "Yeah I like my room. They helped me settle in and be comfortable." A health professional told us, "I believe that [the service is] person centred and that they provide personalised care."

Some people who used the service had been there for a number of months and the registered manager told us that despite the nature of the service being short stay, they were still keen to support people to achieve their goals and progress once they leave. They told us, "One person tries to abscond and was receiving three to one support when out in the community. Since being with us, this has scaled down to two to one and now they are on one to one." This person told us, "The other place where I was couldn't manage me. So

many things got damaged and it wasn't safe in that environment. In this environment, in respite it is more secure and I get more support." One team leader said, "Look how much this person has improved. Behaviour is better, we can achieve their needs." During our inspection we observed a care worker supporting this person when they showed signs of wanting to abscond. This included gentle encouragement and distraction techniques which proved to be effective. The registered manager told us, "For us, it's about making significant life changing, measurable goals. For example someone losing weight, appearance, behaviours, PRN reduction. Even though it's respite, we create care plans in accordance but still set realistic goals. Releasing people back into the community with a sense of achievement." These achievements were recorded in people's care plans. Goals and aims were recorded in categories such as 'health', 'social' and 'skills'. For example one person's stated, "Ensure that I lose weight and become healthy. Continue with my friendship with known day centre clients. Make new friends at the respite. Learn to do house chores."

Care plans subsequently contained a section called "You said we did" which summarised people's goals and achievements whilst staying at the service. For example one person's stated "You wanted to become independent and move to permanent home, learn skills of personal care. We managed to reduce your refusing personal care, you now started having showers." This meant that people were supported in trying to achieve their goals and achievements were recorded to support and motivate people.

The service used a key-working system to support people. A keyworker is a staff member who is responsible for overseeing the care a person receives. The registered manager told us, "Each client will have an appointed keyworker. What we ensure is intensive interaction and bonding by working with dedicated staff for each client. It's very consistent, everybody supports everybody but each care worker will have dedicated clients that they look after." A care worker told us, "Key-working is essential and fundamental. The support worker has the awareness of the client and their needs. Techniques can be based on a trusted relationship. It's not what you do, it's how you do it, and the system is working." One person who used the service told us, "I have a keyworker. It's always the same keyworker." This meant that people who used the service were supported by people who knew them well and could provide a bespoke and personalised service.

One person who used the service was currently in hospital and the registered manager explained how they were still supporting this person on a 24 hour basis. "[Person] is currently in hospital but we are still supporting them because they don't like change, so it was decided that we'd be the best people to support [person]. Their key-workers are working with [them] from hospital. The person doesn't like hospitals and very reluctant to medical care but [person] is known to us, a regular respite user. Our staff admitted [person] to hospital without any restraint whereas before they would have needed to be sedated. Staff are providing one to one care in hospital, 24/7. [Person] only wants us otherwise they will be violent. The hospital environment already triggers rage so we need to keep consistent care workers. This is an example of how we go above and beyond to meet someone's needs." We spoke to the relative of this person who told us, "My [relative] is currently in hospital and they're still supporting [relative] 24 hours. It's the same people going, my [relative] knows all of them and they're treating [relative] very well. The manager arranged it with the hospital. The carers wear a badge and uniform and really look after my [relative]. Of course it's a good thing. We got them a thank you card and we would like to write a letter to head office to thank the staff and manager." This meant the service was proactively continuing to provide personalised care in a hospital setting to support a person who had complex needs.

The service was active in reviewing people's care plans, especially for people who returned regularly to the service or people who had been there for a number of months. The registered manager told us, "It depends on how long people have been in respite. If long term, we'll take control and do reviews. If short term, we do ask social services to get us involved or we liaise with families." One care worker told us, "The care plans are updated regularly and when there are any changes this is also put into the communication book." Records

confirmed that reviews were being completed for people who had been at the service for a number of months and that the communication book was updated to include any changes to people's needs. One team leader told us, "The communication book is filled in daily. It's a reminder for us all, a common agenda for all of us and good for consistency." This meant that care workers had up to date information on people to enable them to provide personalised care.

There was a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We saw records of complaint logs and all complaints were responded to in a timely manner. One person who used the service told us, "I'd talk to the manager if I was unhappy or I'd put it in a complaint. I'd use the complaints book, I've used it before." When asked if their complaint had been resolved they said, "Yeah." The registered manager told us, "We respond instantly to complaints."

There was a service user's guide in pictorial format in the lounge area of the home and contained information about the aims and objectives of the service, choosing a key-worker, choice of foods, college opportunities, a map of the service, the bedrooms and pictures of people who used the service. This enabled people to have a guide to enable them to feel involved in their care.

The registered manager told us that they did not have typical residents meetings due to the short term nature of the service, however they explained that there was a three monthly "Get connected" meeting whereby people who have used the service were given the opportunity to attend. The registered manager explained, "They don't have to be actively in respite and known to us, they can attend and they talk to us about good practice and what a good service should look like." We saw recent minutes from these meetings which were in pictorial, easy read format and discussions included people describing how they received care, how the care they received made them feel and how to make a complaint. Each group at the meeting was given magnetic writing cards and was asked to write how they felt about the support they receive from Heritage Care, the cards were then placed on the wall, putting what they felt was most important at the top. The answers included "happy" "friends" and "satisfied". This meant that the service routinely gave people the opportunity to voice their opinions of the service and feel involved in any changes that may be implemented.

In addition, the service enabled people who used the service to be present in interviewing potential staff. The registered manager told us, "One person has been actively involved in interviews with prospective support workers and team leaders. They will sit in on interviews and ask very detailed questions, it gives them a sense of control and power and it empowers people to feel involved". This was an innovative way to get people who used the service involved in the recruitment process and to empower them to feel in control of their care and to contribute in interviews.

Is the service well-led?

Our findings

One person who used the service told us about the positive relationship they had formed with the registered manager, "He is a good manager. He does listen to you. He gives me positive feedback. He is very supportive and compassionate [sic] and he's very sociable and he's more like a brother that you can rely on. He's the one who can reduce any stress or worries for you." A relative of a person who used the service told us, "He's a good manager. My [relative] knows the manager works really hard. He's good."

The registered manager told us about the culture of the service and the dedication of the staff in recent months, "We are getting busier and staff have done a fantastic job." They also told us about their management style, "I have different management styles depending on the need of the now. I want to empower my staff, I want them to practice high quality care." One of the team leaders elaborated on the culture of the service and said, "The registered manager is a very good teacher to us. He's like a mentor. As a team, it's the best team I've ever joined." They also told us, "The registered manager is a perfectionist but in the same way we are treated equal and everybody has opportunity here, no one is favoured. We all learn from him." A care worker explained, "Each of us, every day will lead a shift. Everyone gets involved, we all work together. The registered manager supports us to do this, he's a hardworking man, friendly and cares for the guests to make sure they're happy." Another care worker told us, "The registered manager keeps staff involved in what's happening." A third care worker said, "This environment and the relationships between team members and the guests is something human and natural. It's like a family. I don't feel stressed going to work." This meant that there was an inclusive work ethic at the service and every member of staff felt supported and part of the team.

The registered manager was actively involved in networks to enhance their knowledge and managerial style. They told us, "I am part of the management network with Skills for Care. It's a platform for registered managers to come together and discuss practices. We can talk freely, it's a good forum and I'm actively involved to enable me to make the service more successful." They also told us that they regularly attended the local borough's provider's forum in order to have insight of the community and the needs of the borough in placing people at services such as 5 Horse Leaze. The registered manager explained how his involvement had a positive impact on the service, "I learn good practice and it enables me to plan for the future and network. I also visit other services and this gives me ideas and I recently attended the positive behaviour support (PBS) conference." This is a conference where people attend to hear the latest developments in PBS research and evidence-based practice. The registered manager told us, "I learned about how other services manage PBS clients with more training and learning from other's how to condense the training." This meant that the registered manager kept up to date with training opportunities for staff working at the service and abreast with the latest developments to support people who used the service. They gave us a recent example of one person who used the service who had decreased their level of care required compared to when they were first placed there with the use of PBS. This meant that the registered manager's knowledge and involvement with other registered managers, the local authority and attendance at conferences had a positive impact on people who used the service.

Care workers and team leaders told us about the positive impact of the registered manager being involved

in community networking. One care worker said, "He goes to meetings, it's a good thing, he comes back with knowledge from these things to teach us, for example new training." One of the team leaders said, "He'll always tell us things about the meetings he attends and prints things out for learning and development. I had a chance to go with him to the provider's forum meeting. I had the experience and I've seen how we can use different approaches, it's useful." This meant that care workers and team leaders were benefitting from the information gained by the registered manager and were able to use this in their daily practice.

The registered manager told us about the positive impact of employing students and volunteers, "We employ a lot of students and volunteers. Because I go to a lot of different forums, I learn about the future of staffing and shortages. Having someone here on a student placement is an extra pair of hands and eyes. Their perceptions can be eye opening to us and overall it's good value. Plus, there is a lot of satisfaction for staff as they can mentor and teach. My strategy is that if I'm getting a free person for a few months who shows dedication and hard work, they can then apply for a permanent role. This is how I recruited the most recent team leader to the team." This team leader told us, "I started here as a volunteer and I was lucky I could stay here. After I got this job I was so happy and proud of myself." This meant the registered manager was pro-active in supporting students and volunteers in the community and investing in them to apply for permanent positions, as well as empowering staff to mentor. The team leader also told us, "I want to do my NVQ [National Vocational Qualification] level 5 qualification and the registered manager was very understanding about this from the beginning. Even in supervision he encourages me to improve my English language. He is very flexible on me developing myself. My self-development will impact the service positively and he values these kinds of needs and helps me a lot."

The service kept a record of compliments they had received as part of quality assurance practices. We saw a thank you card from a person who was currently using the service that said, "Dear [registered manager] and short breaks staff. Many many thanks to you for everything. It has been a great pleasure knowing you. When I leave short breaks I will miss you all. [Registered manager] you have been like a brother and also a dad to me. Many thanks." Another thank you card was sent in from a person who had recently used the service that stated, "To staff and friends at short breaks. I would like to thank you for my retirement gift from you, it was a great surprise. My best wishes to all." The service had received a congratulatory letter from the provider's director of human resources in January 2016 informing the service that they had been nominated for a Heritage Care staff accolade award for team of the year.

The service carried out on-going quality checks to ensure that a high standard of care was being delivered to people who used the service. For example, the registered manager and team leaders completed regular spot checks on staff practice. The registered manager told us, "These observations enable us to look at what staff are doing, provide them with feedback, alert them to anything critical that needs addressing and when we observe good practice, we use that as a learning tool to communicate to other staff in hand over." They told us that there was no fixed time when these spot checks were carried out but they could be "Daily or weekly, they are regular and supplemental to staff supervision so that if we raise anything, there are no surprises when it comes to supervision." Records showed that the most recent spot checks had been completed on the 1, 8 and 10 of July 2017 and comments included, "Good effort, positive effort and interaction with service user. Patience and perseverance paid off [to encourage personal care]". This meant that the service was pro-active in regularly checking the practices of staff to ensure a high quality of care was being provided.

Records confirmed that the service completed a range of safety checks and audits on a weekly basis such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks. The systems were robust and effective. The registered manager told us, "It's very useful doing these audits. We know where the service is for quality of care, checking to know that the service is a good, safe

environment. For example, we will get repairs done quickly and staff know we are going to check them and their activities so that no body becomes complacent."

Customer surveys were sent out to people and their families to complete annually. The registered manager explained, "Because of the nature of the service, the surveys get sent to people's homes so they are completed by service users and their families." The most recent survey was sent in December 2016 and 13 responses were received. Questions included, "Since we started supporting you, is your life better?" Records showed that 92 per cent said yes. 100 per cent of people said they were happy with the support they got. People also gave specific examples of the support received, for instance one person's relative stated, "Supported in crisis to admit when even hospital failed, managed [relative's] behaviour, increased weight [of relative]." Another person said the benefits of using the service were, "It promotes my human rights, it promotes my independence, it provides me with stimulating environment." The survey also highlighted areas of concern raised by people and their families. These included people's clothes being mixed up and misplaced, and maintaining rapport with carers. The registered manager created a customer survey action plan which recorded the steps taken to address the issues raised. For example, "Bought laundry washing bags for segregation, replaced items that went missing. This has reduced the issue of items being misplaced." And, "We try to send birthday cards for old and current clients, but will now extend to making phone calls and build better rapport. Old clients were very pleased to hear from us." The service also created a "You said we did" poster for people who used the service so that they could be aware of the actions taken. This meant the service was proactively addressing any issues raised in surveys and taking steps to address them and communicate them to the people who used the service, in order to maintain a high quality delivery of care.

The service had monthly team meetings and records confirmed this. The registered manager told us, "We do group discussions in our team meetings and I use them as an opportunity to test the knowledge of the care workers." One team leader told us, "The team meetings are very regular; they're similar to supervision sessions but altogether. We discuss teamwork and improvements and we discuss every single client." We looked at team meeting records and saw that the most recent meeting was on the 6 July 2017. Records from this meeting showed that staff were quizzed on elements of their role such as safeguarding, MCA, DoLS and people's medical needs. A care worker told us, "The registered manager will ask us random questions to test us, asks us about each client, it encourages us and motivates us to know what's going on" Another care worker said, "It keeps us on our toes, I like it for personal development."

The registered manager told us about the support they received, "I am supervised by the regional manager. It's very regular and we run into each other regularly. We don't always wait for supervision to talk about things. I absolutely feel supported. Heritage Care have recognised we've been an excellent service, going from breaking point to success. I want to keep momentum going." This meant they had the support systems in place to enable them to be an effective registered manager for the service.