

The Community of St Antony & St Elias Hamelin

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hamelin is a small care home for people who are experiencing severe and enduring mental health conditions. The home provides accommodation, personal care and support for a maximum of seven people. The home belongs to a group of homes owned by The Community of St Antony and St Elias. The homes all act as a community with group activities and group management meetings and oversight.

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

This inspection took place on 4 March 2016 and was unannounced. At the time of our inspection there were seven people using the service. People had a range of needs with some people being more independent and others requiring more support with their care needs. People who lived in Hamelin were living with a variety of mental health needs.

We carried out a previous inspection of Hamelin on 4 November 2013 and found them to be meeting the regulations we inspected.

People who lived at Hamlin received effective support which met their individual needs. The Community held values which revolved around people being seen as individuals and being supported to lead more independent lives through activities and proactive support. Staff at Hamlin believed in these values and demonstrated these through their practice.

Each person's care needs were assessed on a regular basis and risks were identified and acted upon. Clear and detailed management plans were in place in relation to each person's needs. These gave staff information about each person's specific needs, how their needs presented themselves, how to identify people's specific behaviours and how to respond to these in order to ensure people's wellbeing was maintained. Each person had a care plan which detailed their support needs and also identified what people were able to do for themselves. People were encouraged to become as independent as possible and were supported to learn new skills. People's skills were reviewed yearly in order to ascertain how people had progressed and which areas they needed to gain further skills in.

People felt safe at Hamelin and staff had received training in safeguarding people. Staff knew how to raise concerns if they were worried about anybody being harmed or neglected. Staff had received information about whistleblowing and felt confident about doing this if they needed to. People, relatives and staff felt confident any concerns they had would be acted upon quickly and effectively by the registered manager.

People spoke highly of the staff and staff had enough time to meet people's individual needs. Staff supported people to attend activities, tend to people's needs and spend time with people one on one.

People had access to a wide variety of activities which met their individual preferences and interests. There was a comprehensive activities programme which people took advantage of and people also engaged in their own activities, either on their own or supported by staff.

Staff received sufficient training to meet people's needs well and further training was available to those who wanted it. Staff were encouraged to gain further qualifications and pursue their interests through further training. Staff experience and knowledge was shared amongst the staff team and used to provide the best support for people.

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff performance was monitored with supervisions, appraisals and spot check observations. Poor practice was picked up and acted on and staff knowledge was regularly tested. Where staff did not answer test questions to the registered manager's satisfaction, they received further training and coaching.

Staff were encouraged to share their views and ideas in the form of supervisions, team meetings and staff handovers. Staff felt confident the registered manager valued their ideas and implemented them where appropriate.

Staff knew people well and were knowledgeable and confident when they spoke about people's support needs. Staff knew people's histories, their likes, dislikes, interests and preferences. Staff spoke highly of the people in their care and respected their experiences and knowledge.

Staff had received training in, and understood the principles of the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. All the people who lived in Hamlin had the capacity to make decisions about their care and they were supported to make choices about every aspect of their lives. People were involved in every aspect of their care and had full access to their care records. The registered manager had a good understanding of the laws regarding the Deprivation of Liberty Safeguards and would know how to recognise a situation which would require an application to be made to the local authority.

Where people were at risks relating to their mental health, their general health, their wellbeing or their safety, these had been identified. Staff had sought advice from external healthcare professionals and had created plans to minimise risks for people. People's care plans and risk assessments were regularly reviewed and updated with any changes.

People had a range of different diets and a range of different abilities with regards to cooking. Some people were self-catering and did their own shopping whereas others required more support. People were supported to eat and drink enough to ensure they maintained good health. People were encouraged to eat a healthy balanced diet but could choose what foods they wanted to eat. People's diets and preferences were catered for and where people required encouragement with eating this was done in a sensitive way.

Hamlin had a very homely atmosphere which fitted the personalities of the people who lived there. The home was very artistic and musical and people's own beautiful paintings hung on the walls. People played music throughout the day and the atmosphere was a happy and social one. Throughout our inspection we heard laughter, chatting and gentle friendly banter.

People, relatives, staff and healthcare professionals spoke highly of the registered manager. The leadership structure at the home was clear and staff were confident in their responsibilities. The registered manager had an effective quality monitoring system in place which was used continually to review and improve the service. People's views, opinions and feedback were sought through the means of meetings and questionnaires.

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.

Robust recruitment procedures were in place and there were sufficient staff to meet people's needs.

People were protected from risks and thorough and personalised risk assessments had been carried out.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

Medicines were effectively administered and managed. People were supported to look after their own medicines as safely as possible.

Is the service effective?

Good ●

The service was effective.

People were involved in the assessment of their needs and had consented to their care and support.

The home was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were up-held.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

There were procedures in place to ensure staff were delivering a good standard of care which followed best practice and had the skills to care for people's needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their particular diets and preferences.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

The service had a strong person centred culture which encouraged people to express their views and share their opinions.

Care was taken to develop people's confidence and self-esteem through communication and activities.

Staff knew people well and how to support them in a way which promoted their independence and choice.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff understood people's preferences and their abilities well. A varied activity programme took into account people's personal hobbies and interests.

People's care plans were detailed, personalised and contained information to enable staff to meet their care needs.

People's care was personalised and centred on their individual needs and aspirations.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the registered manager and had confidence in them.

People's feedback was sought and acted upon in order to improve the service.

There was a robust and effective system in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

Hamelin

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 4 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, the provider and acting manager completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

We spoke with five people who lived in Hamelin. On this occasion we did not conduct a short observational framework for inspection (SOFI) because a number of people were able to share their experiences with us, but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people when they were not able to communicate with us. We spoke with three relatives, the registered manager and three members of staff. We sought feedback from a number of healthcare professionals and received replies from four of them.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People who lived in Hamelin were able to communicate their needs and wishes but most people suffered with intrusive thoughts and other mental health issues. This meant that some people told us they felt very safe at the home and with the staff but did not feel safe from their own thoughts and intrusive ideas. Relatives told us they felt their loved ones were safe and healthcare professionals told us they had confidence people were safe at Hamelin. One healthcare professional said "The service is safe and responsive to persons needs with severe mental illness".

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Contact details about how to report concerns to the local authority safeguarding team were clearly visible in the staff office. Staff were instructed to listen to any comments made by people which may refer to possible abuse, record and report these. Where people suffered with regular intrusive thoughts of abuse we saw evidence staff had taken these seriously and had reported them to management who had made some further enquiries. Where these enquiries determined that abuse may have been possible, these had been reported to safeguarding. They felt the registered manager would listen to their concerns and respond to these. Staff said "I have had safeguarding training. I know the process". Staff were aware of whistleblowing procedures, whereby they could report any concerns outside of the organisation if the manager were not to take action, without repercussions.

People received their medicines safely and at the time they needed them. Staff received training in the management of medicines. Once they had received this, staff observed medicines being administered and were then themselves observed administering medicines before having their competence assessed. There were clear policies and processes around the storing, administering and disposal of medicines and staff followed these. People living at Hamelin were working towards becoming more independent with their medicines where possible. Where people expressed a desire to self-medicate, staff supported them to achieve this by going through different stages of self-medicating. These stages involved people understanding their medicines and the times they needed to take them, being observed taking their medicines and finally keeping their medicines in their own rooms and administering them on their own. We asked one person about their medicines and they said "Yes and I know what my drugs are". Medicines were regularly audited and all medicines were kept securely. The registered manager had recently attended some medicine seminars, completed audits, completed some research into updates in medicine management and spoken with Skills for Care about medicines. They had decided to rewrite some of the medicine policies and were in the process of completing these. This was to ensure medicine management was up to date with best practice.

Staff managed medicines in ways which met people's specific needs. For example, one person struggled with taking their medicines in tablet form. Staff had liaised with the person's GP and as a result the majority of this person's medicines were in liquid form. This had significantly reduced the risks of this person not taking their medicines and had had a positive impact on their mental health.

There were enough staff at the home to support people in the way they needed. People, relatives and healthcare professionals spoke highly of the staff. One person said "I like living here staff are friendly". There were four members of staff working throughout the day, as well as the registered manager and the deputy manager. Two members of staff worked during the night. Staff worked in two day shifts in order to help people have some consistency of staff and for staff to be able to gain a good understanding of people's moods and any changes to their mental wellbeing. The registered manager said "We employ a shift system that encourages continuity and ensures that the staff are known to the individuals". Staff worked across the different homes owned by The Community of St Antony and St Elias and therefore the registered manager was able to source staff members from other homes to cover leave and sickness. This meant people benefitted from a stable staff team who knew them well. During our inspection we saw there were sufficient members of staff supporting people to meet their needs. Staff spent time one on one with people and supported them to take part in activities throughout the day.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered manager told us they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable. Potential staff attended a taster day and their attitude was observed throughout to ensure they displayed the values the registered manager looked for, in that they treated everybody with respect and as an individual.

Hamelin provided support and accommodation to people who had varying levels of needs relating to their mental health and their general health. Risk to each person's safety, health and wellbeing had been individually assessed and these were regularly reviewed. People had individualised risk assessments which covered a range of issues such as self-harm, behaviours which could pose risks to people, risks of malnutrition and risks of self-neglect. One healthcare professional said "Careful risk assessments are always carried out in great detail to ensure all possible risks have been considered". These risk assessments were personalised and contained detailed information about the person's level of risk and how staff should respond in order to minimise this risk. For example, one person took a specific medicine which could have an adverse effect on their white blood cell count and immune system. Their risk assessment detailed the indicators they may be unwell and what steps staff should take. Staff were instructed to monitor this person's temperature closely, to ensure they maintained their monthly blood test and to refer them to the GP at the earliest possible opportunity if they had any concerns. We saw these steps were being followed by staff.

Where accidents and incidents had occurred, the registered manager had reviewed staff practice to ensure the risks to people were minimised. For example, one person had been involved in an incident whereby they had kicked a member of the public when they were in town. Staff referred this person to their psychiatrist and a management plan was put in place to review their medicines and for staff to accompany them into town when they were unwell. No further incidents had taken place.

The home was maintained to ensure people were kept safe. For example, health and safety checks, such as fire alarm checks, fire equipment check, fire drill checks, emergency lighting checks, food hygiene and cosh were completed regularly. One person said "Yes we have fire practice every month". There were arrangements in place to deal with foreseeable emergencies, for example, each person had a personal emergency evacuation plan as well as a personalised procedure for missing persons.

Is the service effective?

Our findings

All the people who lived in Hamelin had the mental capacity to be able to consent to living in the home and receive care. People were fully involved in every aspect of care. People had full access to their care records and attended review meetings about their care. People's consent was sought in relation to any decision that was made and any support that was provided. Throughout our inspection we saw people being asked for their choices and their opinions.

Staff had received training and were knowledgeable in the Mental Capacity Act (2005). The 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. Staff understood the process to follow should people be unable to make a particular decision at a particular time because of their mental health.

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 the legal requirements relating to DoLS and had sought some advice from the local authority on one occasion where they felt a person was being deprived of their liberty due to being under constant staff supervision. As this person, and every other person living in Hamlin, had mental capacity, no applications had been made to deprive anyone of their liberty.

Staff were knowledgeable about people's support needs and benefited from training and support which helped them meet the needs of each person. People, relatives and healthcare professionals told us they had confidence in the staff and felt they cared for people well. Two people said "The staff are very good". One healthcare professional said "Throughout the visit staff were knowledgeable about different issues in relation to our patient". One relative said "We are so impressed with the care they are giving our extremely ill son and it is the best care he has ever received". One healthcare professional said of Hamelin "(Person living at Hamelin) has had a first class service that is safe and effective in a way that defies belief".

Staff were able to describe people's needs in a way which showed they had good knowledge about each person. Staff received training to make sure they knew how to meet people's needs. The Community had a training manager who organised a regular training programme. Each month new topics were covered in the programme and staff attended courses when these were due and if retraining was required. The month of our inspection staff had access to courses including safeguarding, mental capacity and diabetes. Staff spoke highly of the training available at the home. They said "We have first aid training every 3 years. Our training is really really thorough. We have it really regularly. They keep it up to date. You can ask for training" and "You get a lot of training in this job".

Staff were encouraged to progress and some were working towards diplomas such as National Vocational Qualifications. The registered manager had started to introduce the care certificate to staff. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff were completing the care certificate and the registered manager was planning to roll this out to the existing staff in the next few months. Staff were encouraged to progress their careers at the home and were given opportunities to undertake further qualifications and courses. One member of staff said "Management is supportive. Discuss if you want to do any professional training development. The option is always there to do more courses".

Staff received regular supervision and annual appraisal. During supervision, staff had the opportunity to sit down with the registered manager to talk about their job role and discuss any issues and further training wants and needs. One staff member said "We have supervisions every 6 to 8 weeks. I find them useful. You can talk about any concerns that you've got. Talk about training".

The registered manager took the opportunity, during staff supervisions, to assess the knowledge of staff. Staff were asked a series of questions to test their training, questions on mental capacity, medicines and emergency procedures. Each member of staff was given a fire scenario during their supervisions, this was a different scenario each time and for each staff member. Staff had to give a satisfactory response about how they would make sure people were safe and how they were give the location details to the fire service over the telephone. If staff answers to the questions posed did not satisfy the registered manager they ensured the staff member received further training.

People were supported to eat and drink enough to maintain good health. Some people who lived in Hamelin were self-catering whereas others needed help preparing all their meals. Staff supported people with planning and cooking meals to meet people's individual preferences. One member of staff said "We cook different meals for different people. I know everyone's likes. It's whatever people want". Each person's diet was catered for. Some people were vegetarian and vegan and some people did not drink milk containing lactose. People were given their own shelves in the fridge and were given food choices which met their individual needs and preferences. During our inspection we saw people helping themselves to breakfast and staff preparing the lunchtime meal for people. The lunchtime meal was balanced and contained plenty of salad, vegetables and fruit. People had a number of options for lunch and chose what they wanted. One person who was self-catering had been out shopping during the morning and was planning on cooking themselves lamb for dinner that evening.

Where people had difficulties with eating, staff had sought guidance and had taken steps to monitor and encourage people's intake. One person would regularly reduce their food intake when their mental health was deteriorating. Staff knew how best to encourage this person to eat in a sensitive way which would not draw attention to the issue. This person's care plan told staff to monitor this person's intake discreetly during these times and encourage them to eat small amounts of food. When we asked this person how they enjoyed their meals they said "Staff cook it for me and I'm a vegetarian. I get a choice". The registered manager said "Complex food needs are addressed with delicacy and are person specific, ensuring the person remains healthy whilst not feeling pressured or uncomfortable with their choice".

Mealtimes at Hamelin were a social and enjoyable event. People were involved in preparing meals when they wanted and some people took it in turns to cook meals for the household. One person said "Yes I have a good choice and I cook for everyone once a week". People were encouraged to chat and staff engaged people in conversations and jokes. One healthcare professional said "The atmosphere at the table was friendly and staff were attentive to patient's needs".

People saw healthcare professionals promptly if they needed to do so. Care files contained records of referrals to a range of healthcare professionals including GPs, consultant psychiatrists, speech and language therapists and dentists. The outcomes of these referrals were documented and any changes to people's care needs and plans were transferred to their care plans.

Is the service caring?

Our findings

The atmosphere at Hamelin was very homely and life revolved around people as individuals and their personal choices. The registered manager said "It is important that the environment reflects the personalities of those who live at Hamelin". We found this to be the case. The home was decorated with people's paintings and art work. Hamelin was a very musical home with the majority of people playing at least one instrument and learning to play others. People were encouraged to share their musical and artistic talents and were given much praise for this. Staff spoke highly of people's talents and were very proud of people's musical and artistic accomplishments.

Staff described the atmosphere as "Really nice. It's one big team, residents included". The registered manager said "There's no us and them mentality". Staff told us how they supported people but also told us how people reciprocated the support. One member of staff told us they were younger than some of the people who lived at Hamelin and therefore they respected their knowledge and experience. They said "I can learn so much from them, they are wonderful". Staff clearly cared for the people who lived in Hamelin and made comments such as "People are in this job because they care", "We genuinely care for the people here" and "I like being around these people. All the residents have such good qualities".

People, relatives and healthcare professionals spoke highly of the staff at Hamelin and the care they provided to people. One healthcare professional said "Stunning effort, engagement and care throughout all this time. I would trust them with my own children if the need ever arose". People who lived in Hamelin said "The staff are very good and the manager is the best", "The staff are very good and they treat me with respect and dignity and the staff are always there for me" and "I like living here, staff are friendly". One relative said "The quality of the manager and the staff is professional but also caring. They genuinely seem to value their work and value the people they look after".

During our inspection we observed some nice interactions between people and staff. There was much laughter, chatting and friendly banter exchanged. Staff clearly knew people well and people responded to staff in comfortable and friendly ways. For example, one person approached a member of staff when they were talking to us, put their arm around the staff member and said "This is my little friend here".

People were treated with dignity and respect and were given privacy. People had their own bedrooms which were highly personalised to meet their tastes. Staff knocked on people's doors and called their names before going in to ensure they protected people's privacy. There were different bathrooms in the home, on ladies bathroom and one mens bathroom. Confidentiality was very important at the home and staff did not speak about people within earshot of others. People's mental health issues were discussed very sensitively and any support staff offered was provided in a respectful way which maintained people's dignity. A healthcare professional said "A culture of respect exists between staff and residents. This creates a caring environment for everybody – both staff and residents".

People were involved in every aspect of their care where they wanted to be. One healthcare professional said "Residents are always asked what their wishes are in matters affecting them and, where possible,

implemented". People were included in any meetings held about them and had access to any records about them. Most people had seen their care plans and a number had actively played a role in writing these. One person said "Yes I know my care plan and it has just changed and its reviewed every six months at the least". People attended their six monthly care reviews and were asked to participate in these and review the reports of these meetings. One person had reviewed the report of one of these meetings and had commented on some of the entries. For example, one entry read "I may need the odd reminder that I need to eat fruit and veg to stay healthy", this person had commented "Apparently latest research shows that veg aren't necessary for nutrition as long as you eat fruit". Staff had used these comments to update the person's care plan where this needed updating.

Is the service responsive?

Our findings

People's care was responsive to their needs. People who lived in Hamelin had a variety of needs and required varying levels of support. People's needs had been assessed and from these, with the involvement of people, staff had developed a detailed care plan for each person. These care plans contained information about the person's needs and how staff should meet these. For example, one person had specific needs relating to their behaviours. This person's care plan detailed the potential triggers for these behaviours, how they manifested themselves and what steps staff should take to reduce the person's anxiety. This person's care plan went into great detail about how staff could identify the signs this person may be suffering a relapse in their mental health. For example, this person may keep to themselves more, their voice may get lower, more monotone and muffled. Staff had liaised with healthcare professionals to devise a management plan to ensure this person did not exhibit behaviours which may pose a risk to themselves. There was information about how staff should distract this person and what activities and conversations may be best. The registered manager told us these steps had been very effective in reducing the number of incidents involving this person's behaviours.

Care was delivered in an individual way for people. Each person was seen as an individual and each person's care plan was specific to them and their needs. Staff could tell us about each person's histories, preferences, abilities and needs. Staff said "It's all about individuals here" and "We treat every person as an individual".

Each person's care plan was regularly reviewed and updated to reflect their changing needs. Action was taken to respond as soon as possible to people's changing needs and guidance and advice was sought. For example, one person had been diagnosed with a specific condition which affected their health, their mental health and wellbeing. Staff had referred this person to the specialist and had been in regular contact with this person's relatives. They had sought guidance from the British Association of Dermatologists and South Devon Healthcare and this had been made available to all staff in this person's care plan. A new management plan had been put in place to ensure this person received the care they needed in relation to their health but also the support they needed in relation to their mental health and wellbeing.

Staff used a range of communication methods to make sure they kept up to date with people's changing care needs. For instance, through care plans, written records and staff verbal handovers. Shift handovers occurred three times a week, during which the previous two days were discussed as well as all future plans and issues. This ensured continuity across staff approach. During our inspection we observed staff handover. This was highly detailed and covered information about people's health, their mood, wellbeing, the activities they had taken part in and any appointments that would be taking place in the next few days. Each person's specific needs were discussed, for example, one person was becoming apprehensive about a future visit to see their relatives. Staff discussed the different ways in which this trip could affect this person's mental health and how staff should identify any concerns and respond to these.

Staff worked hard to ensure people's wellbeing was at the forefront of their work. They regularly sought advice from consultant psychiatrists and supported people to try different techniques and therapies. For example, one person suffered with insomnia. Staff had tried a number of different techniques to help this

person sleep. A consultant psychiatrist had recently suggested a self-help book based on Cognitive Behavioural Therapy. Staff had purchased the book and read it. They were working with this person to read through it and try the different techniques suggested. The person said during our inspection that they were reading this new book and were feeling positive about it. One member of staff said "It's all about their mental wellbeing".

Staff worked with people towards becoming more independent and learning or regaining basic life skills. People were encouraged to work towards self-medicating, self-catering, travelling into town on their own, participating in outdoor activities and doing household chores. Each person's care plans contained objectives they were working towards, such as becoming more independent with their diet, stopping smoking and increasing independence to be able to live on their own. Each day staff completed daily notes about what people had done during the day and what actions had been taken towards people achieving their goals. This showed people's long term and short term goals and wishes were at the forefront of their care. Healthcare professionals told us people's abilities increased whilst living in Hamelin. Some of their comments included "It was apparent that there had been much progress in terms of improvement in his self-management skills due to efforts of the staff" and "I never cease to be amazed at the transformation in a period of about six weeks when a new resident joins the house". Staff said "It's about helping people to develop" and "We teach people home skills, living skills, hygiene, social skills. We build trusting relationships with people at their own pace. We help build confidence".

People told us they were encouraged to be as independent as they could be. For example, one person had recently started feeling uncomfortable when being spoken to by strangers in town. In order to ensure this person still had the confidence to go out into town on their own and retain their independence, staff provided them with a personal alarm to carry with them. This helped them feel more in control and this person had continued going out on their own. One person said "Yes I do have my independence to do most things". Another person said "I have my own freedom to come and go as I please" and "I want to live on my own and I want to be self-supported to get back into the real world". This person told us staff were helping them towards achieving this. The registered manager said "We make sure people are as independent as they can be".

Each year staff completed a social functioning questionnaire with each person. This questionnaire related to topics such as self-care, domestic, community, social and responsibility. Staff answered questions on how independent people were in these areas. These results were then analysed and measures against the results from the previous years. This showed the areas in which people had improved and the areas people still needed the most support in. Where people required more help in a specific area, staff focused on working with the person in that particular area in order to build up their skills. These results showed people had progressed in a number of areas since their coming to Hamelin.

People had access to a range of activities that met their social care needs. The Community's ethos was to enable people through the use of activities which engaged people and developed their skills. The Community had a monthly activities programme which had been developed using people's interests and feedback. Some of these activities included surfing, climbing, tennis, guitar and piano lessons, cookery, sound and video tech, tai chi, arts and crafts, gardening, canoeing and taking part in a radio programme. People who lived in Hamelin attended a number of these activities as well as activities on their own or supported by individual staff members. One person said "They take me canoeing, surfing, rock wall climbing and badminton". Two people who lived in Hamelin hosted their own radio show once a week, they played music and read out poetry they had written. One person thoroughly enjoyed writing poetry so staff were supporting them to enter a poetry competition which they were looking forward to. One relative said "They look after him as a person, when choosing activities they engage with him as to what are of interest to him".

During our inspection people took part in a number of activities. Two people had gone out and attended a coffee morning. One person told us about it when they returned and told us they had enjoyed themselves. Two people went swimming, one person went shopping in town, one person had a pottery session and another had a piano lesson. A music teacher attended the home twice a week to give people guitar and piano lessons. During our inspection we heard one person being supported to play the piano and they had obvious skill. One person showed us their instrument collection and played us a song on the guitar. The registered manager said "We try to keep everybody busy and active".

People were also supported to attend classes to improve their academic skills and take part in charity work. One person was attending an English course as well as a jewellery making course. Staff were in the process of helping another person choose a volunteer job they would enjoy.

People were encouraged to provide feedback and feedback forms were made available for people to complete. We saw a community activities feedback form which encouraged people to give their views. The form contained a text which was very humorous and acknowledged the 'dullness' of filling in forms but reinforced the importance of people's feedback. Effort had gone into completing this document and making it attractive for people to fill it in and share their views. This ensured the activities programme reflected the views, wishes and interests of the people living in the community as accurately as possible. It also ensured people felt in control of the running of the homes and felt their views were listened to and implemented. The registered manager told us that feedback was always listened to. They said "The activity department have feedback forms and will endeavour to provide within reason any activity that people want, if the department is not able to, we will often find a way for the person to do it individually".

A complaints policy was in place and people living in Hamelin had all been given a residents complaints procedure. No official complaints had been received at the home but people told us they would feel comfortable raising any concerns they had with the registered manager. One person told us the registered manager had assisted them in making a formal complaint about an external service and they were grateful for their help. Relatives told us they had complete confidence in the registered manager and would feel comfortable raising any concerns they had with them.

Is the service well-led?

Our findings

The Community's visions and values were embedded in every aspect of the home. The Community's values related to people being seen as individuals and being supported in a homely environment and through activities to lead more independent lives. People's individuality was nurtured and people were encouraged to take control of their lives as far as possible.

Staff demonstrated they understood the principles of individualised, person centred care through their practice and talking to us about how they met people's care and support needs. Staff and the registered manager shared The Community's ethos and this was reflected in their practice. Comments they made included "Dignity, privacy and choice are at the heart of our ethos and this is reflected in how we work with individuals" and "Our ethos is to be as personal as possible. This is people's house and we are in their home as their guest".

People, relatives, staff and healthcare professionals spoke highly of the registered manager. Comments from people included "The manager is the best" and "I think he's doing a good job". One relative said "The manager is always ensuring that things are run smoothly and with care".

The registered manager told us how they worked towards providing the highest quality and personalised care for people. The Community held a weekly management meeting which was attended by all senior managers and registered managers. Knowledge and lessons learned from different homes were shared at these meetings in order to improve the overall service. The registered manager also undertook continuous training in order to update their knowledge. They regularly sought advice and guidance from external sources as well as Skills for Care forums in order to ensure they were providing the best care for people which followed best practice. The registered manager attended a quarterly quality assurance meeting and every year an annual development plan was produced. These plans ensured the organisation was forward thinking and following best practice guidelines. People's feedback fed into these quality assurance meetings and into the development plan. Relatives spoke highly of the service provided with comments such as "It is the best care (relative) has received in a residential setting".

There was a clear management structure and staff confirmed there were clear lines of responsibility within this. Staff knew who they needed to go to if they required help or support. There was an out of hours management rota which ensured there was always a manager for staff to contact for advice and support.

There was a culture of openness where people and staff were encouraged to provide their feedback and be involved. One relative said "They maintain close contact with us and always have time to talk and provide feedback". There were resident meetings, staff meetings, staff handovers and management meetings. People were encouraged to share their thoughts at each of these meetings or at any other time. There was open communication between the registered manager and the staff team regarding the reasons behind any decision made.

Feedback was sought from people every day. Staff asked people whether they had enjoyed the activity they

had taken part in, the meal they had eaten, the show they had watched on television and so on. This helped staff gain better knowledge of people and a better understanding of what options to give them the next day. The registered manager employed an open door policy for both staff, people who lived in Hamelin and their relatives. People spoke highly of the manager and told us they felt comfortable sharing their views with them. One healthcare professional said "When I have needed to speak to the leader or manager of the team it was possible to do with ease and the manager was responsive and supportive".

Feedback was also sought from people and relatives in more formal ways, such as annual feedback forms. People were provided with an anonymous feedback form where they were able to share their views without the need to identify themselves. The registered manager told us people's feedback was taken very seriously and used to improve on the running of the home. Staff were encouraged to share their ideas and feedback with the registered manager. One member of staff said "They are always up for us putting our interests forward". Staff were asked for their ideas and feedback during supervisions, these ideas were listened to and implemented where appropriate. For example, one member of staff had suggested an idea for a home outing. The staff team were in the process of putting forward ideas for places people could go all together.

The registered manager and staff completed a number of audits to ensure the care people received was safe and met their needs. The registered manager completed internal health and safety quality assurance audits monthly. Actions identified during these audits were completed promptly. For example, the previous audit had identified that some items in the first aid kit were out of date. These were replaced without delay. The registered manager undertook other audits such as legionnaires checks, gas safety checks, fire audits and medicines audits. Senior management undertook internal unannounced inspections and regular spot check visits. There were audits relating to all aspects of health and safety in order to ensure people were supported in a safe environment.

The registered manager lead by example and ensured staff continuously delivered a high standard of care and followed best practice. Staff attended regular supervisions where their performance and knowledge were discussed and the registered manager also conducted observations on the staff. Should their performance not meet the registered manager's standards they would tackle this. The registered manager told us staff supervisions were geared to inspire, motivate and teach staff about how to employ best practice in all aspects of their job. We saw evidence staff's performance was analysed during supervisions and their knowledge was tested. Where staff had not met the high standards of the registered manager, further training and coaching had been organised.

Healthcare professionals we spoke with were extremely complimentary about The Community and Hamlin. Comments included "To needs, crises, risk, aspirations, preferences and opportunities of relationship based care and treatment it has been second to none since I have been in psychiatry", "The Community lead the way", "The work is very well led and focused from a multidisciplinary perspective. They get my vote and always have" and "I can say without a doubt that this organisation has the highest standards".