# Elizabeth Finn Homes Limited

# Halliwell

## Inspection report

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Date of inspection visit:
03 November 2016

Date of publication:
23 December 2016

## 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? | Outstanding |

# Summary of findings

## Overall summary

Halliwell is registered to provide the regulated activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 64 people. At the time of this inspection 59 people were using the service.

This comprehensive inspection took place on 3 November 2016 and was unannounced.

A registered manager was in post at the time of the inspection and had been registered since 2010 under the current legislation. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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.

Staff understood what keeping people safe meant and they were knowledgeable about the appropriate reporting procedures. A sufficient number of skilled and trained staff were in place to meet people's individual care needs. A robust recruitment process was in place to help ensure that staff were suitable to look after people who used the service.

Risk assessments were in place to help ensure people were kept safe. People's medicines were managed and administered safely and as prescribed.

People's health care and nutritional needs were supported and met by staff who possessed the necessary care skills.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The registered manager and staff with a management responsibility were aware of and had used the correct procedures to lawfully deprive people of their liberty. Applications to the appropriate authorities to lawfully deprive people of their liberty had been sought and approved. Staff had a good understanding of how to apply the MCA and DoLS codes of practice.

Staff's training, mentoring and coaching gave them the knowledge and skills they needed to do their job.

Staff respected people's rights to privacy and dignity. Care staff provided people's care with compassion and consideration of each person that was cared for. People, and their relatives or representatives, were involved in reviewing people's care needs and the plans on how this was provided.

A range of options were in place to support people with their independence and to help reduce their risk of social isolation. People's hobbies and interests were encouraged by staff who wanted to make a difference to people's individual lives.

People's complaints were listened to, investigated and effectively acted upon.

The registered manager was supported by a team who were supported with the necessary skills to fulfil their role.

People, staff and relatives views were sought in a variety of ways to help identify where improvements could be made. Quality assurance monitoring, audits and processes were in place and these were effective.

## 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 looked after and their needs were met by a sufficient number of suitably recruited and skilled staff.

People were kept safe and risk assessments were in place to guide staff in managing people's risks.

People were administered their medicines as prescribed by staff who had been deemed competent to do this.

### Is the service effective?

Good

The service was effective.

People's care and support needs were met by skilled staff who had been trained to be competent to their job.

People's rights to make decisions were respected. People were lawfully deprived of their liberty when appropriate.

People were supported to access health care services and their nutritional needs were met.

### Is the service caring?

Good

The service was caring.

People were looked after with compassion and consideration of their privacy and dignity.

People were made to feel they mattered and staff listened carefully to what people said.

People's care records were kept confidential and securely. People's relatives, friends and visitors were free to meet people at a time the person wanted.

### Is the service responsive?

Good

The service was responsive.

People, relatives and those representatives acting on people's behalf, contributed to the assessment and planning of their care.

People's individual interests, hobbies and pastimes were encouraged and supported by staff who shared people's passion to lead a meaningful life.

People were encouraged to give their views about how their care was provided. Responses to people's complaints were swift and effective.

## Is the service well-led?

**Outstanding** ☆

The service was well-led.

Staff shared the registered manager's vision in providing people's care in an open and honest manner.

Audits, quality assurance procedures and spot checks on the care people received were effective in driving improvements.

Staff were frequently reminded of their role in providing people's care to the standard that was expected.

# Halliwell

**Detailed findings**

## Background to this inspection

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

This unannounced inspection took place on 3 November 2016 and was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we made contact with community health care professionals who contribute towards people's care and we received information from them. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We spoke with 13 people, three relatives and a visiting GP. During the inspection we spoke with the registered manager, the clinical care manager, two nurses, four care staff, the activities engagement lead and the chef.

We looked at six people's care records, medicines administration records and records in relation to the management of staff and the service.

We last inspected Halliwell in November 2013, where the home was found to be compliant in all areas that we assessed.

Good

# Is the service safe?

## Our findings

We found that there were systems in place to keep people safe. One person told us that the reasons they felt safe was because, "I have felt very much looked after and safe." Another person said, "The staff are very caring (with moving and handling) here." A third person said, "I am hoisted and the staff are very careful with me. They keep me safe."

A combination of information booklets and meetings with the registered manager and staff gave people the information they needed if ever they did not feel safe. This was in case a situation arose where any person was concerned for their safety and wellbeing. Staff kept people safe and they encouraged people to live a life where they could take risks safely such as by using walking aids that had been provided. This was because they had been trained and were knowledgeable about whom they could report any incidence of harm to, for example, the registered manager, the provider's representative and local safeguarding authority. One nurse told us, "If I ever identified a change in a person such as them becoming withdrawn, anxious or just not their usual self I would speak with them and then contact [name of registered manager]." Another staff member said, "If [any person was at risk of harm] I could contact you (the Care Quality Commission) or the police." One person said that the reason they felt safe was because "there was always staff available when you call for them". One relative told us, "Whenever I visit there are always staff to meet me and take me to see my [family member]."

Risk assessments were in place to guide staff with the information they needed. For example, in ensuring that safety harnesses used for people who used wheelchairs amounted to lawful restraint. Other risk assessments were in place for subjects such as people's medicine administration, nutritional support, mobility, accessing the community, pressure sore prevention and the use of bed rails. These were kept under review including those occasions where a person's needs may have changed such as post discharge from hospital. Where people had a combination of risks we found that the management of these risks was considered together. This was so that each aspect of people's care was managed as safely as possible.

Any accident or incident was investigated and actions were put in place to help prevent the potential for any recurrence. Examples included improvements to the way people were supported with their mobility. Other examples of additional training included the correct use of equipment people had to help prevent a pressure sore. One person said, "Yes, I feel safe. They [staff] get me out of bed carefully and make sure I use my wheelchair and that I am comfortable." Another person told us, "Knowing that the nurses [staff] are there for me when I need them means a lot."

In the event of an emergency we found that there were no recorded individual emergency plans on how people with complex care needs would need to be supported. This was for example in case of a fire. The provider's evacuation plan just stated which people needed assistance but not what this assistance was. Although staff were able to tell us what people's needs were and where their equipment was located. The registered manager told us they would act on adding this additional information this straight away.

We found that people's assessed needs were safely met by a sufficient number of suitably trained and skilled

staff. The correct mix of staff skills were also considered in meeting people's needs safely. All of the various staff groups we spoke with told us that there was enough staff to meet people's needs. Staff told us that there were times when it could be quite busy such as when staff called in sick or they were delayed. The clinical care manager and registered manager confirmed that some people's needs had recently increased and as a result of this additional staff were being recruited. Other measures were in place to help ensure that any unplanned absences were safely covered. For example, by swapping shifts, working extra shifts or the clinical care manager, and registered manager working a care shift. One person told us, "They [staff] are busy but they find time to sit and have a chat. I wouldn't ever say I have to wait more than a few minutes if I request their help."

The provider told us in their provider information return [PIR], "Recruitment process includes enhanced DBS (Disclosure and Barring Service carry out criminal records checks) check and thorough induction process including an induction day and staff shadowing (working alongside experienced staff)." Staff were supported in their role including those whose first language was not English to include additional coaching and training in place to help ensure that only suitable staff were offered employment. This was confirmed by staff we spoke with. One staff member told us that as part of their recruitment, "I had to provide (evidence of) my qualifications, my driving licence, passport, proof of address, my most recent employment, and two other, written references as well as my CV. I had to explain any gaps in my employment history such as when I was (unwell)." Records we viewed showed us that appropriate checks had been made to establish staff's suitability to work with people using the service.

The provider's PIR also confirmed the checks that staff were subjected to regarding the assessment of staff's competency to administer medicines. We found that people's medicines were managed, stored, disposed of and accounted for safely. Staff confirmed that the training they had received for medicines administration was in line with their training records. One staff member said, "I have regular medicines administration training and the clinical care manager undertakes a check of my competency every 12 months." Another senior staff member said, "I observe staff's practice and we make sure that records for people's medicines administration records (MAR) accurately reflect the medications that have been given as prescribed." People were satisfied with how they were supported to take their prescribed medicines. We observed how staff checked the person's details against their MAR and how they explained to each person the medicines they were being given. This was to make sure the person had the right medicines and the right dose. One person being supported to take their medicines said, "I would like some [name of medicine] to help me [keep well]." Another person told us, "I am always asked if I need any pain relief. It's my choice." People's medicines were managed and administered as prescribed. One relative told us that they were, "Happy that [family member] was now in safe hands and has their medicines every day."

Good

# Is the service effective?

## Our findings

All people we spoke with said they felt involved, listened to and attended to by staff. One person said, "You can't fault the staff." Another person told us, "I love it here as they [staff] treat me as if they have known me for years as they are always aware of my needs. I can change my mind if I want to." The clinical care manager and lead nurse confirmed that prior to using the service people's needs were assessed. One lead nurse told us that as part of making sure that people's needs could be met by staff with the right skills, "An assessment of people's needs included subjects such as a detailed account of the person's preferences, life history, medical conditions, dietary requirements and other information important to the person's wellbeing. For example, their favourite foods, cognitive function and any equipment the person used." The registered manager told us that any person with any special needs such as a health condition would be supported by staff who had undergone appropriate training for this. Staff training on additional subjects included dementia care, percutaneous endoscopic gastrostomy (where people are fed through a tube into their stomach), end of life care and ear syringing.

The provider wrote in their PIR that 12 staff had completed 'Ladder to the Moon' training. This is a programme of developing ways to better engage people with their care. This was used by staff and had helped to build people's skills and confidence in engaging with staff. As a result of this we found that people were truly at the heart of the service. For example, by people writing plays which were then enacted by people with staff's support. At the time of our inspection a 'Panda mime' (a pantomime) was in progress as written and produced by the 'Panda' team.

The registered manager told us that people were supported to settle into the service in a relaxed environment. People would be admitted in the morning before having lunch with the engagement lead (the member of staff who was leading the engagement of people with their care). One relative told us, "My [family members] helped me choose this place (Halliwell) for [family member] because they are both (professionals) and they were impressed with staff's understanding of my [family member's] needs and how these could be, and now are, met." One person said, "I rarely have to ask them [staff] to do things for me as they know me very well. I need quite a bit of support with my [health condition] but the nurses keep me well."

One lead nurse told us, "All new staff have to undertake an induction to Halliwell, complete their training and then we monitor them through their probation until we are happy that they are able to do their job to our standards." We found that staff as part of their induction had completed the Care Certificate (this is a nationally recognised qualification in care which sets the standards expected of staff in their daily working life). One staff member told us, "I had to record my completed training in my induction booklet." This was for moving and handling, safeguarding, health and safety, basic life support and fire safety. One person told us, "From what I can see they [staff] seem to know what they are doing."

A nurse told us that they were completing their revalidation as a registered nurse. Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council. The clinical care manager told us that as well as having time for reflective practice staff

were enabled to discuss situations involving people's current and end of life care and if the standards of care could in any way be improved. They said, "If any member of my [nursing] team needs any help or coaching I have a wealth of knowledge as do other lead nurses. It's all about ensuring people get the health care support they need." All staff we spoke with were passionate about the people they cared for and knew each person and their needs well.

Staff described their regular and planned programme of meetings and supervisions. One nurse told us, "It doesn't matter what I need to discuss [name of staff] is always a post to lean on and they really do listen. This included a need for more staff as people's needs have increased and this is being addressed." Staff told us that these supervisions were very much "two way" and an opportunity to discuss each aspect of their work. All staff were complimentary about the support they received such as shadow shifts and any training appropriate to their role.

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. We checked whether the service was working within the principles of the MCA.

We found staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) codes of practice and they were knowledgeable about putting these codes into action. One relative told us that in relation to staff understanding consent, "I see quite a few staff from different countries but they get on well with [family member]. It is important that they understand my [family member's] choices." We found that staff offered people various choices such as food, clothes and pastimes. One staff member told us, "The MCA is about allowing people to choose even if we may not agree with their choice. It is up to them but we make sure the person is safe. If they refuse their medicines we make sure we record this and remind the person of the effects of not taking their medicines."

People's care records showed us the decisions people could or couldn't make. However, some people's care plans had not recorded whether or not the restrictions on the person's liberty was in their best interests. There was also a lack of detail on the specific decisions related to each aspect of people's care where a DoLS had been applied for. The registered manager told us that they would add this additional detail regarding people's mental capacity straight away as well as seeking clarity from legal organisations regarding the deprivation of liberty. We did however find that where DoLS had been authorised the registered manager had sought these appropriately as well as for renewals for those authorisations that had lapsed. People and their relatives told us that they had no concerns about how their family member was supported in making day-to-day decisions about their care.

One person told us that they helped choose the menu options. "I'm on the (food) committee, so I get to have a say into the menu. We will be discussing the winter menu soon." The person also told us that the choice of food was good and said the food was, "Very good and they [staff] do listen." People and relatives told us that the quality of the meals was, "very good". People were in the majority of cases complimentary about the food and said, "The food is excellent"…"First class"… "Better than some top hotels." And, "Very tender." Other comments included, "I enjoy some of the food but never all of it." Another person added, "I don't always get what I order, but there is a good choice." The food at lunchtime looked appetising and was served in three settings of starter, then main course, followed by dessert. However, the size of the print of the menu meant that some people would have difficulty reading this and one person had to use a magnifying

glass. The registered manager told us that these matters had been raised at a residents' meeting and were being or had been addressed. People were also able to request a drink of their choice from 'the bar'. Staff assisted people to eat where people required this support such as having food cut up, being assisted to eat their meal and drink with adapted crockery and beakers. This was to enable people to eat as independently as possible. This was done in consideration of each person and where and how they preferred to eat their chosen meals. A third person said, "The food is always hot, served promptly and very tasty." We saw that people, where required, had a diet appropriate to their nutritional and health needs such as a low sugar content, gluten free and avoiding certain foods. This information which was held by the chef matched that in people's care plans.

People's health needs were met with support from nursing and care staff. Other health care professional support was provided such as a tissue viability nurse, occupational therapist and dietician. One person said, "My [family member] arranges all my appointments but the nurses here look after my [health]. It's reassuring to know they are there and you never have to wait to get your bandages changed." A relative told us that the main reason they had chosen the service at Halliwell was because the nurses looked and acted professionally. They told us, "I am always kept up to date with my [family member's] health condition, any changes as well as improvements." A visiting GP told us, "They [nurses] are always prepared with people's [healthcare] notes and update me with their progress." They added, "It is always good to see the person, as staff always have them ready and in a place of privacy. Regular nursing staff make a difference as they know people's health in detail." People were assured that their healthcare needs would be responded to. One health care professional we contacted told us, "Halliwell is one of the best care homes I visit. They [staff] listen to, and follow, my advice at all times. I have been impressed that despite not being a [specialist unit], staff make every effort to help people live as independent life as possible." Another person told us, "They [nurses] always make sure I get to see a GP if I need one." We saw and found in records that people's pain was managed effectively. We heard how nurses offered people their pain relief.

Good

# Is the service caring?

## Our findings

All people and relatives we spoke with were complimentary about their care. One relative told us, "They [staff] are like family here, so I never feel bad when I have to leave." Another relative said, "I am very fussy when it comes to a clean home and it always is. I can't fault the care my [family member] gets." When we asked if staff knocked before entering people's rooms, one person told us, "My door is usually open (this was their preference)." Another person said, "They [staff] have a job to do, but I'm sure they do [always knock]." A third person told us, "They [staff] always call out to me, when they come in, but I'm not sure whether they knock first, but it's okay."

A sample of the 44 compliments about the care provided from people and relatives in the past 12 months included, "We wanted to reiterate how absolutely delighted we are with the excellent and professional care my [family member] is receiving" and "Thank you for looking after [family member] since [date]. Knowing that they are looked after so well gave me comfort and peace of mind."

People told us about how well they were looked after and their involvement in planning their care. Our observations confirmed this. The engagement lead told us that whenever activities were held, consideration was given to people's toileting needs and the timing of medicines administration. One person had written to the engagement lead and had stated, "What makes Halliwell different? Two words sum it up: 'everyone cares'. It is the caring of the management who appoint activities organisers to arrange an amazing number of daily activities to keep mind and body active."

One staff member told us of the benefits some people had gained in sleeping better because of the various exercises they undertook. This was because staff had supported people in a caring way to access alternative options to a swimming pool. One person said, "I am treated as well here, if not slightly better, than if I lived in my home because that's what it feels like." People and relatives described the rapport that they had developed with staff. One relative told us, "They [staff] are like a family here, so I never feel bad when I have to leave my [family member] here." Another said, "They [staff] do involve us fully in everything (to do with their family member)."

People told us that the reasons they felt well cared for were because, "Well, they just are, [they] never give any bother." And, "They listen to me." Other people's comments including having to wait more than five minutes for their care to be responded to which we also found on the day of our inspection. People told us that, "so far this had not impacted (on their wellbeing)". As a result of this the registered manager had arranged a servicing of the call system as it had been faulty.

Staff described to us the circumstances they needed to be mindful of when providing people's personal care. One care staff told us, "I knock on the door, introduce myself and make sure the person is dignified. It can't be easy having a stranger to wash your [sensitive areas] but the [registered] manager has made sure that if a person prefers a male or female, as well as those people who don't have a preference care staff than this is what happens." Another care staff told is, "Closing the door, covering the person, explaining each stage of their care and taking them for a bath in their dressing gown when no one else is around."

People we spoke with told us that they had settled in well and had the privacy they needed. They had developed a professional working, but caring, relationships between them and staff. One person told us, "I like all the staff they are all so nice and pleasant. I can't manage without them. Nothing is ever too much trouble for them. We often have a lovely chat about all sorts." People described their involvement in their care plans. One person said, "Yes, staff do talk to me about my care." Another person said, "My family deal with my care (needs)." All relatives spoken with felt they were fully involved and notified about care plans and any changes to be made. All felt consulted and their family member's needs had been fully considered. One relative told us, "I am always greeted with a smile by the [staff] and they are keen to tell me what [family member] has been up to." This showed us that the provider and its representatives considered what people said.

During our inspection we found that people's visitors were unrestricted in the time they could visit. The registered manager told us, "It doesn't matter what time of day it is especially if relatives are visiting at a (sensitive time of people's lives)." One relative said, "Oh yes, I can call in when my [family member] wants. It is up to them." Advocacy services were available and people had relatives who could also have a say in the way people were looked after. For example where people had made advanced decisions about their health and welfare.

The service had been accredited as a 'beacon' status service for people's end of life care. We found that the required standard to achieve this had been met such as allowing people to spend their final days in the best way possible. For example with family, at the place they wanted to be and with staff who understood this important part of people's lives.

Good

# Is the service responsive?

## Our findings

People, and their relatives, felt that staff understood and responded to each person's individual needs. One person told us, "They [staff] know me well, how to respond to my needs as well as being there when I need them." A relative told us that they only had compliments about their family member's care. They said, "From the first day [family member] moved in they [staff] have bent over backwards to make [family member] comfortable." We found that people were able to personalise their room with lighting, pictures, paintings or other types of memorabilia. The provider told us in their PIR that, "Registered nurses are (named nurses) so develop a rapport with residents and family. (There is a) monthly protected shift for Registered Nurses to support people with care plan reviews. Unit managers have regular reviews with family members and residents to strengthen the relationships. [There is] also a key worker role in place to provide further 1:1 support to a resident and be a link to the family." Relatives and people we spoke with confirmed this.

People's care needs were assessed prior to them moving to the service and this formed the basis of their care plans. This was planned to help ensure that staff could meet people's needs. Staff told us they were aware of the content of care plans and risk assessments. We found that care plans were detailed and this information helped staff to provide peoples care in an individualised manner. For example, by being able to discuss the important parts of people's lives such as their friendships, hobbies and life stories. People's care plans reflected people's changing needs and they were reviewed regularly by a named nurse or key worker. These staff had particular responsibilities for ensuring that people care records were up to date and reflected people's choices, care and support needs. This was as well as keeping relatives fully aware of their family members' wellbeing. People told us about their care plans. One person said, "All the information is in there (pointing to the care plan) and yes they do discuss it [my care] with me." When asked about support and care needs, one person showed us their collage in their room which explained their likes, dislikes, favourite things and places. This was used by staff to promote conversations. One person told us, "Well, if I have a visitor or new nurse and they are unsure what to talk to me about, they can look at my collage and ask me questions about my favourite food or place. I think it's a wonderful idea." Another person said, "Yes it's nice to have this memory chart, it helps me to remember all my favourite things and places. Some of the achievements in my life."

People were supported to follow their interests both in and outside of the service. People took their "Halliwell passport" (a document with all healthcare needs, allergies and end of life wishes for resuscitation) on any planned outings. One person told us that they enjoyed the crosswords as well as competing various puzzles and jigsaws. A staff member told us how one person had requested to go to the seaside which staff had supported them to do this, have fish and chips and an ice-cream. We found and staff told us that this had been a subject of the person's conversation for several weeks. Another person who previously enjoyed swimming had been supported to buy and use a new swim suit at a local spa and they had continued with this as well as making new friends. A third person had been enabled to access their favourite type of honey. People's individual wishes were listened to and acted upon whatever these were. One person had had an article they had written about Haliwell published in a local magazine. They had praised the 'Friends of the Home', "They come with armfuls of flowers, raid their gardens for greenery and ask [people] to arrange bowls for distribution all over the home. That is unique (for the person)." Other places the person had stayed

at had not offered this as an option as staff had done it instead. A GP told us, "The residents' activities arranged by the home are popular and stimulating, and are very important to try to mitigate the loss of independence that sometimes comes from moving into residential care." People were supported to live a meaningful life.

The provider told us in their PIR that, "Real effort [has been made] in providing a positive experience with special themed events for all to take part as well as regular church services, visiting school choirs, visiting pets, musical activities, shopping, a 1940's themed event, visits to various outdoor events as well as a weekly bistro evening for supper. These events were confirmed by the people we spoke with and the records we looked at. One relative did however tell us that their family member was not always positioned so that they could take part in their favourite pastime. The registered manager told us they would act on this matter. We observed that people were positioned and supported to look out over the gardens if this was their preference.

People told us that they enjoyed the many activities, in particular, listening to the piano being played. Comments from six people included, "My favourite is musical movement."..."Well I enjoy, singalongs and the piano."…"I like listening to music being played on the piano."…"I enjoy Poetry."…"Art classes are very good" and "Word scrabble, is very good." We saw many pictures people had created in the art room which were of a very high standard. Another person told us how they liked the birds of prey that had been brought to the service. Individual activities included where one person had all their family for Christmas lunch which had been set up in the person's room. Other examples included people's individual and personal end of life care wishes being respected. As well as the engagement lead organising a tea party with aim of people getting to know their fellow staff team members other 'staff and people' teams had been created. Each team had been named after items such as flowers and animals and at a recent street party one such team had raised money for their chosen charity. Other successful events included a plant stall with potted baskets and butterfly decorations and a set of gifts decorated with hearts. We saw pictorial evidence of people's total involvement in sharing their enjoyment in setting up, and running these events.

Relatives told us that there was always plenty for people to do. One said that, "The daily activities programme was very good." People told us and we observed how they enjoyed the activities, for example, listening to the grand piano being played to them. People told us they had enjoyed attending the various plays which some people had written and involved the whole staff team. People told us about the various activities, hobbies and interests that they had access to such as one person saying, "I used to go [name of sport] but I am not able to anymore. I usually go to the singing and [exercise] movement as I find it very therapeutic." Another person told us, "Yes, there is enough to do, if you want to join in you can with the (gentle) exercise." People we spoke with told us that they were satisfied with how their individual needs were met.

Other activities included visits by 'Friends of the home' (groups of volunteers offering people friendship, social and recreational activities and involvement with their community) and other involvement of firework displays and shopping events in the service. One person told us, "I like the events here as it saves me going out as it is much safer here too." Other people told us that they were quite happy to stay in their room and just have visitors. Members of care staff told us how they supported people to access the community such as with a mobility scooter or the service's mini bus.

People and relatives told us who they would speak with if they wanted to raise a concern or complaint. A recorded version of the complaints process was also available should people prefer this method. Staff were familiar with the process they needed to follow should any person raise a concern. One person said, "My [family member] does all that for me. I have never had to complain as such. If something bothers me I just

ask staff and they sort it out." A relative said, "I am asked by [name of registered manager] at lunch if everything is alright for me and if I need anything changed." Records viewed and the provider's PIR confirmed that only one formal complaint had been submitted and resolved to the complainant's satisfaction. One relative had commented how competent the staff had been in resolving their concern. People's concerns were resolved in a proactive manner before they became a complaint. Records viewed showed that where people had raised a concern or made a complaint that this had followed the provider's process. People could be confident and assured that any suggestion was seen as an opportunity for improvement.

Outstanding ☆

# Is the service well-led?

## Our findings

People were completely involved and engaged in developing and improving, at any opportunity, the quality of the service that was provided. This had been as a result of the outstanding leadership the registered manager had exhibited. The registered manager was a significant advocate in supporting people's voice such as with residents' meetings as well as going to meet people at lunch. Staff we spoke with showed us how people were empowered to really influence the quality of their lives through these meetings such as with the events held at the service as chosen by people. Managers recognised, promoted and regularly implemented innovative standards of care such as plans for a branch of the Women's Institute, plays that people had written and which management had help produce, outstanding end of life care, social engagement and empowering staff to be the best they could in fulfilling people's dreams. This was through a combination of support from the registered manager as well as the introduction of recognised good practice in leadership. This was as well as the provider and their representatives who visited to seek people's views and meetings where people and staff were actively involved in how each person had chosen to live their lives. As a result of people's views, comments and wishes they had been enabled by the leadership at the service to take part in an inclusive and tailored exercise programme where each person's individuality was taken into account. As a result of management's intervention at an early stage this benefitted people's cognitive and physical abilities.

Staff had completely promoted people's end of life wishes as well as staff who had been nominated for innovation in care. This was for an award for staff who had been recognised for showing exceptional entrepreneurial skills in identifying, developing, implementing and establishing a new service such as the engagement lead. The engagement lead's role was to enable people to take a full part in how they lived their lives such as by being a part of the plays and theatrical performances. Some of the many testimonials people had provided to support this nomination included, "I have no reservations in feeling that [staff] deserves to be recognised for all [their] achievements in giving our residents a happy and fulfilling way of life, from which their families also benefit."…"Halliwell is a better place for having [name of staff] and I should like to place on record my unreserved appreciation and admiration for the work [they have carried] out on behalf of my [family member and other [people]." And, "We have so much to thank [name of staff] for. [Name of staff] is the icing on the cake, the loveliest fairy on the tree and the brightest star in the sky." We saw that their work had begun to be embedded and was making a real difference to the high standard and quality of care that people received.

Recent compliments the provider had received due to the quality of care in leadership at the service included but were not limited to, "You all [staff] kept [family member] happy and comfortable and made us all feel welcome and well looked after. Thank you for the dedication and care you showed [them]." And, "Your staff are very friendly, very caring and professional. We spent time and effort trying to find the best home for [family member]. We definitely found the right one." A GP told us, I think the service is very well managed, with great attention to quality, process and responsiveness to [people's] needs. I think the clinical teams are exceptionally well led, this leads to high quality care throughout. [Name of registered manager] has knowledge of each resident's [needs] and requirements and takes a prominent lead role in discussions with relatives, other agencies and myself whenever appropriate."

A GP also confirmed that this was "the best" service they visited for everything they needed being organised. Other compliments from relatives about the management and leadership of the service included, "Very well managed and organised. We have not got anything to complain about. Staff are very pleasant and polite." Throughout our inspection we found staff to be professional at all times. This resulted in a calm and relaxed atmosphere which contributed to people's enjoyment of the quality of the service they received. Good practice included an embedded scheme of developing ways to better engage people with their care 'Ladder to the Moon'. This scheme was to motivate and inspire staff and managers to deliver recognised good practice that involved people and staff as fully as possible in the running of the service. This had been as a result of the registered manager's recognition of appointing staff who had no previous care skills but had the right skills to significantly improve the quality of service provision.

We found that the provider had for the second time been accredited for the standard of their end of life care with the Gold Standards Framework (GSF) as 'Beacon' status. GSF is a national organisation that enables staff to provide a gold standard of care for people nearing the end of life. Where a service demonstrates excellence, according to the GSF framework, they are awarded 'Beacon' status where the required quality, and number, of standards were deemed to reflect an 'excellent' standard of care. For example, the service had demonstrated how they achieved this standard by, "The attention to detail of people's needs." …"All staff [appropriate to the person's] being involved in their end of life care"…"Holding a "celebration of the person's life tea or dinner party after a funeral." This was for relatives who had not been able to attend for various reasons as well as enabling people who had known the person to celebrate their life. And, "The involvement of the social engagement team (how people were supported to participate in activities) for people's end of life wishes." This also included a diary and memory tree where people, relatives and staff could leave their memories about the person and their contribution to the service. The registered manager had considered people's views in placing these items in a private area of the service. The clinical care manager told us how this standard of care had been put into practice by holding 'special occasions' for people at a sensitive and important time of people's lives such as lunch in the person's room. This had been so that the person could enjoy the festivities with their family. Compliments we saw confirmed that this had been the case.

The service and its registered manager found innovative and creative ways to enable people to be empowered and voice their opinions. The ways in which this was achieved was through a quarterly news booklet which included the poems people had written, residents' meetings as well as the events which were held at, and involved people using the service. This was as well as using the power of theatre where people could truly lead a meaningful life. People contributed to the running of the service as much as they wanted to such as by running the Christmas market.

All those people and relatives we spoke with were very complimentary about the communications they received from all staff including the registered manager. One person told us, and we saw, that the registered manager played an active part in running the service, having a 'Captains table' lunch with people and assisting with nursing and personal care when required as well as engaging with staff at a ground roots level. The 'Captains table' was where the registered manager sat with different people to ascertain their views as well as engaging in general conversation. Four people did however tell us that they were not aware of this event where views could be presented. A suggestions box was also available in the dining room where people could comment about their care.

The majority of people and those relatives we spoke with knew the registered manager by name as well as the names of their care staff. We found and saw that the registered manager spent time around the service, talking to people, observing staff practices as well as holding formal meetings with the clinical care manager, unit managers (lead nurses) and staff teams to gauge the quality of care that was being provided.

This showed us that the standard of care expected of staff was subject to appropriate scrutiny.

People, relatives, management and all staff groups were provided with opportunities to make suggestions and contribute in improving the standard of care. For example, through meetings, day to day conversation as well as quality assurance questionnaires and compliments. The registered manager kept a record of each month's compliments to help them to identify where people's care had met or exceeded their expectations. Staff were rewarded for their work where they had demonstrated by their actions, the difference they had made to a person's life.

A registered manager was in post and they were supported by a clinical care manager, lead nurses for each floor, care staff as well as catering and housekeeping staff. Other support was in place from representatives of the provider who made regular visits to the service and sought people's views. The registered manager had notified the CQC appropriately about important events that, by law, they are required to do so, such as when and authorisation had been given to lawfully deprive a person of their liberty as well as any incident involving safeguarding. This showed us that the registered manager was aware of their role.

Links were identified, supported and frequently maintained with the local community. We were told by people and staff and the quarterly news booklet confirmed visits to a park, making home-made preserves, a Harvest festival lunch, and visits by members of the clergy. The service also had their own (retired) pastor who worked with visiting religious members to give people more extensive pastoral support where this was required. The registered manager was a member of the local Chamber of Commerce. (This is a network for businesses to advocate for people). As a result of this the registered manager had arranged lunches where people could meet with various businesses to help them understand what it would be like for a relative to use the service at Halliwell.

Staff were aware of the whistle blowing policy and when to use it. One nurse said, "If I ever needed to blow the whistle I would. It is not something you can ever predict but the support we get is so open any staff who whistle blew would definitely be supported One member of care staff said, "I have never seen poor care anywhere here but if I did I would make sure the person was safe and go straight to the [registered] manager."

Unannounced 'spot checks' of staff's performance were carried out to assess the standard and quality of staff members' work. One member of staff told us, "[Name of registered manager] is open to all suggestions. She comes up with solutions and is very approachable. If I am having a bad day or need support I get this." Another staff member told us, "[Name of staff] is an angel. They always know what to say and they arranged [bereavement] support recently from a hospice (for staff)." All staff described their support and supervision as being a positive part of their role. For example, by being able to share information and any issue affect the staff's work. All staff described the service as having an open and honest culture and that of a calm place to work. We found that this was the case and the provider's PIR also confirmed, "Issues are shared with staff to avoid unnecessary confusion or gossip."

We found that the service was consistently striving for good and excellent quality care and this was evidenced by what people, relatives and staff told us. Audits in place included medicines administration, night time care, care plans as well as catering and an annual quality assurance survey for people. All of these audits led to an overall action plan which showed us the issue, the action, the progress and implementation of sustained improvements such as with the call bell system signal. This had been as a result of people waiting for a response to their requests for care. Other actions had been in the disposal of medicines and staff's completion of refresher training. Where the quality of care had not always been to the right standards actions were also taken such as giving people updated information about their key worker, the complaints

process and making sure staff referred to people by their preferred name. We found that actions taken had been effective.

The registered manager kept themselves aware of current care practice and shared information with local hospitals on discharge planning as well as inviting an eye disease specialist to introduce early detection as well as highlighted signs and symbols which helped people to more easily navigate around the service. This was with the aim of improving the service for people with a visual impairment. The impact on the way people were discharged from hospital had been improved as people were only admitted during the day. This had been with the local hospital's agreement. People were assisted to settle in by the service's engagement lead and made aware of the many options they had. The links with a local acute hospital also aided nursing staff to maintain their skills. The registered manager also kept staff informed of any patient, medicines or equipment safety matters using recognised professional organisations.