

SHC Clemsfold Group Limited

# Horncastle Care Centre

## 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

The inspection took place on 10 January 2017 and was unannounced. Horncastle Care Centre is registered as a care home with nursing. It provides accommodation, care and support for up to 20 adults with learning and physical disabilities in two separate bungalows. Maple Lodge provides a home for 10 adults with acquired brain injury and neurological conditions. Willow Lodge provides a home for 10 young adults with learning and physical disabilities. The Care Centre is in a rural location not far from the town of East Grinstead.

Horncastle Care Centre 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Horncastle Care Centre had a range of complex needs. There were robust arrangements in place to ensure that risks to people were identified, assessed and managed to protect people from avoidable harm whilst supporting their freedom. Staff had a clear understanding about their responsibilities with regard to safeguarding people. The provider had safe systems in place for recruitment of staff to ensure that they were suitable to work with people. There were enough staff on duty to support people and they told us that they felt safe living at the Care Centre. People's medicines were managed safely by trained staff.

Staff were well supported and received the training they needed to be effective in their roles. One staff member said, "We are well supported with training and courses." Staff understood their responsibilities to comply with the Mental capacity Act 2005 and there were systems in place to ensure that people's rights were protected. People told us that they had confidence in the staff, one person said, "They are really, really good at what they do. I can't fault the staff at all." People had support to access the health care services that they needed. A relative told us, "Staff are excellent, they always have a qualified nurse on duty. Any pain is dealt with quickly and they get the doctor in. It's better than at home, they notice more." People had enough to eat and drink and they told us they enjoyed the food. People who needed help with eating and drinking were supported by staff who were patient and attentive.

People spoke highly of the caring nature of the staff, one person said "The staff are excellent. " Staff knew people well and understood how to communicate effectively with people to support them to express their wishes about their care. People were enabled to be in control of their support, one person said, "They always accommodate me." Staff had developed caring relationships with people and spoke of them in a positive and respectful way. Staff were mindful of protecting people's privacy and confidentiality.

People had comprehensive care plans that guided staff in how to provide care in a person centred way. Things that were important to people, their preferences and wishes were included in plans to ensure they received support in the way that they wanted to. Staff supported people to follow their interests and to have access to facilities in the local community. When at home, people were occupied with activities that they

found stimulating and that were meaningful to them.

People and their relatives knew how to raise complaints or concerns and felt comfortable to do so. Complaints were addressed in a timely way by the registered manager. Feedback about the quality of the service was gathered in a range of ways and contributed to the development of the service. The registered manager had systems and processes in place to monitor service provision, to look for trends or patterns that needed to be addressed and to ensure that recording was accurate and robust.

There was clear leadership and staff understood the responsibilities of their roles. The person - centred values of the service were embedded within staff practice at every level. People, their relatives and staff all spoke highly of the management of the service. A visitor told us "I think it's a very happy home because of the manager."

## 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.

Risks to people were identified and managed with comprehensive risk assessments and care plans. Staff understood their responsibilities with regard to keeping people safe.

People's medicines were managed safely.

There were enough suitable staff on duty to keep people safe and meet their needs. There were robust recruitment procedures in place to protect people.

### Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to care for people effectively.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005 and sought people's consent to care and treatment appropriately.

People had enough to eat and drink and were supported to access health care services when they needed them.

### Is the service caring?

Good ●

The staff were caring.

Staff had developed positive relationships with people and knew them well.

Staff communicated with people effectively to enable them to be in control of their care and support.

People's privacy and dignity were respected. Staff held the people they were caring for in high regard.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were well personalised. Care provided was responsive to people's individual needs and flexible to changes in need.

People were supported to follow their interests and had meaningful activities to occupy them.

People knew how to make complaints and felt comfortable to do so.

### Is the service well-led?

The service was well-led

There were systems in place to monitor the quality of the service and to capture people's views.

There was clear management and leadership. Staff knew what was expected of them and understood their responsibilities.

The visions and values of the service were embedded within staff practice.

Good ●

# Horncastle Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 January 2017 and was unannounced. The inspection team consisted of two 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 service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to six people who use the service and five relatives. We interviewed six members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems.

This was the first inspection since the provider had been registered with CQC in October 2014.

# Is the service safe?

## Our findings

People told us that they felt safe living at Horncastle Care Centre. A relative said, "The accommodation is very good and security is very good. People are safe here."

People were living with complex physical and neurological needs. Risks to people were identified, assessed and managed. Comprehensive care plans were in place to support people's independence and manage risks. Staff used validated tools to help them to assess risks. For example a Malnutrition Universal Screening Tool (MUST) was used to identify if people were at risk of malnutrition. Where one person had been assessed as having nutritional risks they had been referred to a dietician and a nutritional care plan had been put in place. Another person who had a severe learning difficulty had a wound care assessment when staff noticed a sore patch of skin. A care plan was in place to guide staff in how best to care for their skin.

People who needed assistance to transfer from their wheel-chair to bed had manual movement assessments in place with clear guidance for staff. This included detailed guidance on which hoist and sling should be used and how this should be positioned to provide appropriate support for the person. Photographs were included in care plans so that staff could see the positioning clearly. Some assessments also included photographs of how to position people when in their bed in order to maximise their comfort and to maintain their safety. Some people exhibited behaviours that could be challenging to others and specific risk assessments were in place to guide staff in how to support people and manage risks associated with this behaviour. One example included known triggers that had been identified and guided staff in how to be proactive in preventing incidents. This included guidance for staff in how to adhere to a routine that helped the person to feel safe. There was also clear guidance for staff in how to react and support the person in the event of an incident to ensure their safety and to protect other people and staff. We noted that risk assessments were regularly reviewed and amended when people's needs changed.

Incidents and accidents were recorded and monitored by the registered manager. Records included actions that were taken to prevent further incidents and accidents. For example, one person had fallen forward when in their wheelchair and was not able to reposition themselves without support from staff. This accident had been investigated and actions were taken to ensure their future safety. We noted that the person's mobility care plan had been amended as a result of this incident and staff were aware of the changes.

Environmental risks were also identified, managed and monitored regularly. This included regular checks on water temperature, fire alarms and electrical items. Equipment was well maintained and clean. There were clear emergency plans in place including Personal Emergency Evacuation Plans (PEEPS) for each person. This ensured that staff knew the support that each person would need in the event of an emergency.

Staff had a clear understanding of how to keep people safe. They had received safeguarding training and were able to explain how they might recognise signs of abuse. One staff member said, "I've been here quite a while so I'd like to think I'd pick up on changes, they do trust me and would be able to tell me if anything was wrong. I would look for changes in their behaviour, marks, bruises, not eating etc. People may also be withdrawn." Staff told us they would report any concerns to the nurse on duty or to the registered manager.

Records confirmed that appropriate safeguarding alerts had been raised in line with the provider's policy and actions had been taken to address concerns and to keep people safe.

People and their relatives told us that there were enough staff on duty. One person said, "There are enough staff on duty for my satisfaction, they work effectively and efficiently." A relative said, "There seem to be enough staff to meet people's needs, for example meal times are always fine." One person said, "Staff always come quickly when I ring the bell." Our observations confirmed that staff responded quickly to call bells. A staff member told us "We have three agency staff here today but we have people that have worked here before. We've got a good team around us and I think the staffing meets the needs of the residents and the home." The registered manager told us that a dependency tool was used to help in determining the number of staff required. Staff rotas confirmed that staffing levels were maintained consistently and that regular staff were used to cover any vacancies or absences. Our observations throughout the inspection confirmed that there were enough staff on duty to ensure that people didn't have to wait for support with their needs. Some people needed constant support from a member of staff and this was accommodated effectively within the staffing ratio.

The registered manager had ensured that people were protected by following robust recruitment procedures. Appropriate checks had been undertaken before staff began work including criminal records checks with the Disclosure and Barring Service (DBS). This ensured that staff were suitable to work with people. Staff files included application forms, previous work history, records of interview and appropriate references. Records seen confirmed that staff members were entitled to work in the UK.

People received their medicines safely. People told us that they received their medicines on time and were able to have pain relieving medicine when required. We observed a staff member administering medicines. They were confident and efficient when administering medicines and took care to explain to people what they were about to do. Medication Administration Record (MAR) charts were in place and completed accurately. There were safe systems for the disposal and storage of medicines. This included regular temperature checks for medicines that needed to be kept in a refrigerator. People had their medicines reviewed regularly and staff told us that the GP visited on a weekly basis and could review people's medicines whenever necessary. Some people were prescribed PRN or 'as required' medicines. There were clear protocols in place for PRN medicines to guide staff in when these should be offered. This included clear guidance for staff in signs that might indicate that a person was experiencing pain and needed their PRN medicine.



## Is the service effective?

### Our findings

People and their relatives told us that they felt the staff were well trained and knowledgeable. One person said, "They are really, really good at what they do. I can't fault the staff at all." A relative said, "The staff are all skilled and experienced." Another relative told us, "The staff all under-go training and they are very sensitive to people's needs."

Staff told us that they received training and had completed an induction period when they first came to work at the Care Centre. Records showed that staff had completed the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Some staff had received training specific to the needs of people they were looking after. One staff member said, "Someone from head office came in and did a lot of training on Huntington's disease, he gave us lots of reading material. It was important for us as we didn't have any knowledge of this." The training plan showed that training booked for this year included courses relevant to people's needs. Staff told us that they were able to access the training they needed. One staff member said, "We are well supported with training and courses."

Staff told us they felt well supported by the registered manager and that they received regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff were receiving supervision regularly in line with the provider's policy as well as a yearly appraisal. One staff member told us, "Supervision is good, they are grading what we are doing. We have regular supervision to improve our care." Nurses were receiving regular clinical supervision from the registered manager or the deputy who were both registered nurses.

Staff had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

People's care records showed that mental capacity assessments had been undertaken to check if people had capacity to make specific decisions. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest meeting was arranged. For example, one person had been assessed as needing to have bed rails however they lacked capacity to consent to this restriction on their freedom. A meeting had been recorded with the person's GP, a nurse, family members and the registered

manager where a decision had been made that it was in the person's best interest to use bed rails. This was clearly documented and showed that people's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. Some applications had been authorised and the registered manager was aware that conditions had been imposed for some people. For example one authorisation imposed a condition specifying that the person was offered the opportunity to attend church on a fortnightly basis. The registered manager said that staff were aware of this and that they supported the person to attend church regularly. Another authorisation imposed a condition that the registered manager should provide a monitoring form to the local authority on a monthly basis. Records confirmed that they had complied with this condition.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Throughout the inspection we noted staff seeking consent from people before providing care or support. For example, one staff member was heard to ask someone, "Would you like some help to put your top on?" another said, "Can I help you with your lunch?" and a third said "Do you want me to pop back to your room with you to change?" This showed that staff understood their responsibility to seek consent before providing care and support to people.

Staff supported people to have enough to eat and drink. People told us they enjoyed the food at Horncastle Care Centre. One person said, "It's pretty good, they go out of their way to ask you what you like." Another person said, "The food's alright, I ask for more if I want more and I do get it." Relatives also spoke positively about the food, one told us that their relative enjoyed the food, another commented that their loved one had put on weight since being there which they felt was a positive indication that they were well and happy.

People were offered a choice between two hot meals every day and there were photographs to help people to communicate their preferences. The chef told us that if people didn't like what was on offer they could choose something different. We observed the lunchtime meal and noted that one person did refuse their food. Staff offered a number of options and the person chose to have a dessert instead of the main course. The chef said that there were snacks including fresh fruit and yoghurts available at any time if people were hungry between meals. We heard staff offering this to the person who had not eaten their main meal.

Some people had been assessed as having specific dietary needs and the chef was aware of this as well as having a list of people's preferences and dislikes. Some people required a pureed diet. Pureed food was served with each component separate on the plate so that people could have separate taste sensations. We saw people being supported to eat. Staff were patient and attentive, they gave people time to finish each mouthful before presenting the next and checked if people were enjoying their food. One person was taking a long time to eat their meal and the staff member was heard checking with the person if the food need to be reheated when they noticed it was going cold. The atmosphere was calm and relaxed. Some people received their nutrition and fluids through a feeding tube called a PEG feed. Risk assessments and care plans contained specific guidance for staff in how this should be managed. Staff told us that a specialist company was able to offer support and advise if there were ever any problems with the PEG feeds. Some people were able to eat their food independently. One person's care plan indicated that they needed a special bowl and adapted spoon to enable them to maintain their independence. We noted that these were in place and they were managing well with minimal staff support. Where people had been assessed as being at risk of malnutrition or dehydration staff used food and fluid charts to record and monitor what they had to eat and drink. People were offered drinks throughout the day and we saw staff helping people and encouraging them to make sure they had enough fluids. Records showed that people's weight was regularly recorded

and when there were concerns due to unplanned weight loss the GP was informed.

People were supported to access the health care services they needed. Records confirmed that people were supported by a range of health care professionals including, dietitians, dentists, speech and language therapists (SALT) and a tissue viability nurse, (TVN). The provider employed physiotherapists to support people with physiotherapy programmes. People told us that they were supported to attend routine appointments and we saw evidence in their care records that this was happening. For example, one person had been supported to attend regular three monthly appointments with a dentist as staff had noticed that their gums were bleeding when they brushed their teeth. The dentist recommended a specific care plan to guide staff in how to assist the person in brushing their teeth. The record of their most recent visit included comments from the dentist that there had been a big improvement in the condition of the person's gums which were now much healthier. Other people had also been supported with regular appointments such as with the chiropodist and optician. Recommendations from health care professionals were recorded in people's records and where appropriate included in updated care plans. For example we saw that someone had been prescribed glasses by an optician and the care plan noted that staff should remind the person to wear their glasses. We heard staff offering support with their glasses during the inspection. Relatives told us that they had confidence that staff were proactive in seeking support from health care professionals. One relative said, "Staff are excellent, they always have a qualified nurse on duty. Any pain is dealt with quickly and they get the doctor in. It's better than at home, they notice more."

Many people at Horncastle Care Centre used a wheelchair and some people were able to operate their electric wheelchairs independently. The buildings had been designed to accommodate people with disabilities. The spacious design enabled people to mobilise throughout and they were also able to access the garden. We saw people moving around both the bungalows and some were able to go outside independently. The building included a hydrotherapy pool used by people living at the centre. Staff told us that it was used regularly to support people with their physiotherapy programmes. We saw that the pool was in use during the inspection.

## Is the service caring?

### Our findings

People and their relatives spoke highly of the caring nature of the staff. People's comments included, "It's first class care," "The staff are excellent," and "I'm in a good place here." A relative told us, "Staff have an excellent rapport with (person's name). They come home regularly but they are always happy to come back here." Another relative told us, "They are totally well cared for. They are quite happy and contented and they get on well with everybody here."

Staff had developed positive relationships with the people they were caring for and they knew them well. One staff member described the person they had been caring for as, "A really happy person, they light up the room when they come in and everyone gets on with them." Another staff member spoke about someone having a "wicked sense of humour, they make us all laugh." A third staff member spoke about a person who was due to move in to the care centre soon saying, "We are all looking forward to them coming to live here, they have such a great personality it will be lovely to have them here." The positive way that staff spoke about people reflected that they were focussed on people as individuals and not on their disability.

One person who was thinking about moving to the care centre permanently was visiting with their relative on the day of the inspection. All the staff were seen to be very welcoming and genuinely pleased to see them saying, "How lovely to see you," and "Did you choose the colour for your room? It's a lovely colour." The person was clearly pleased to be greeted so warmly and their relative told us, "It's a very good home, we wouldn't be happy about coming here if it wasn't 100%."

Records reflected the positive view that staff held of people they supported. Some staff members were key workers. A key worker system enables people to have a named member of the care staff to take a lead and special interest in the care and support of the person. One key worker had recorded a review reporting on the previous month's activity which had included a shopping trip with their key person. The report stated 'My favourite time was going on a shopping trip, they knew exactly what they wanted to buy and we both enjoyed picking out clothes and a new pair of shoes.' This showed that staff respected and cared about the people they were supporting and recognised them as individuals for whom they had high regard.

Staff described how they communicated with people who were not able to communicate verbally. One staff member said, "We look at their facial expressions, we look at peoples' faces and in their eyes. One person uses her eyes to tell us what she thinks." We saw how staff were able to communicate effectively with this person. Another staff member said, "Some people here have a communication book that we can use and everything about them is written in their care plan". We noted that staff were using a book with Makaton symbols to communicate with one person. Makaton is a simple language programme that uses signs, symbols and speech to help people to communicate. Another person used a more complex system of symbols to communicate using a computer. A third staff member said, "We look at body language and use objects of reference to communicate with people, all the information we need is usually in their care plan."

Our observations throughout the inspection were that interactions between staff and people were positive. People were visibly relaxed with staff and clearly enjoyed the interactions they shared. One person's face lit

up in a big smile when a particular member of staff came over to speak to them. Other people were seen instigating a hug from staff and this was reciprocated with a smile. Staff were gentle and kind in their approach. When a person showed signs of being upset a staff member noticed quickly and was clearly concerned, crouching down next to them to maintain eye contact, offering reassurance and checking what was wrong. Another person was keen for staff to sit on the floor with them and staff members readily did so, singing and rocking with the person who clearly enjoyed the activity. We heard some people laughing and sharing jokes with staff with a degree of banter that was suitable for the situation.

Staff spoke to people appropriately and involved them in decisions about their care and support whenever possible. One staff member said, "We read the care plans but also listen to people. If they are able to talk to me they tell me about their condition and how they like things to be done in a particular way." Another staff member said, "I can easily understand what people like and we are doing it from the heart. We ask them 'are you satisfied, do you want anything?'"

People told us they were involved in developing and reviewing their care plans and that they were offered choices about how their care was provided. One person said, "They always accommodate me." The registered manager told us that people were included as much as possible. Records showed that care plans had been developed to reflect the views of people. For example, one care plan stated "I can put shave foam on my face and hold my electric shaver but I need staff to wet shave me with a razor to ensure the hairs at the back of my neck are shaved". This detail showed that people were supported to have control over their care arrangements and that maintaining their independence was encouraged. One staff member told us, "We don't want people to lose their abilities." A relative told us that they were included in the care planning process and they had authority to be involved. They said, "Communication is very good, we are invited to attend meetings and if we can't come they always send the notes and ask for our input."

People told us that staff respected their privacy and supported them to maintain their dignity. One person said, "Staff are very good, they are tactful in their approach to private matters." Another person said, "The staff always make sure they cover me to protect my dignity and they close the door." We observed staff providing care in a discreet way ensuring that people were supported to maintain their dignity. For example, one person had spilled food on their top, a staff member quietly asked if they would like some help with finding another top, saying "I think you would be more comfortable in another shirt." Another person had an apron on whilst they were being supported with their medicines. Although it was almost lunch time, and the person would require their apron again, the staff member explained that they would take the apron off. They placed the apron beside the person until they were ready for their meal. This demonstrated that the staff member was mindful of maintaining the person's dignity.

People's personal records were stored securely to maintain confidentiality. Staff told us that they were careful to ensure that people's private information was not left accessible for everyone to see. One staff member said, "We try to enable privacy and maintain confidentiality, people have to feel it is their home and we are working towards that." We observed that staff knocked on people's doors before entering and made sure that doors were closed to maintain people's privacy when personal care was being provided.

## Is the service responsive?

### Our findings

People and their relatives told us that the care they received was responsive to their needs. One person told us, "The home provides everything I could wish for (given the situation), I am very satisfied." Another person said, "I do my own thing, gardening, cooking, photography, collage. Other people seem happy with what's going on." A relative said, "We are very, very happy to have found this home."

People's needs had been assessed before coming to live at the Horncastle Care Centre and their care records were comprehensive and detailed. Care plans were well personalised and provided a clear picture of the person as well as details about how they wanted their care and support to be provided. For example, records included a section called "What matters to me," and this provided clear information written in a positive way. One example included details about the person's appearance, how their dignity could be maintained and what environmental issues were important, such as personal items that they liked to keep in their bedroom. Another example included details about what the person liked to do, this included seeking hugs from staff, spending time in the sensory room, having an aromatherapy treatment and enjoying the hydrotherapy pool. During the inspection we noted that staff were aware of these preferences and we saw the person enjoying all of these experiences.

People told us they were supported to maintain their interests. One person said, "I consider myself to be an artist, I like to paint watercolours and play with paint." We noted that their art work was on display in the service. Another person told us, "I can choose what I want to do. I get up early in the summer and go out when I want to or in the winter I like to listen to the radio for current affairs. I have lunch when I want it." The service had an activities co-ordinator and they told us that each person had their own activity plan. We noted that a large whiteboard in each bungalow showed the organised activities on offer for each day of the week. Staff told us that people could choose to join the activities on offer or undertake their own. We observed that all the staff were engaged in supporting people with activities. For example, one staff member was supporting someone to spend time in the sensory room, other people were engaged with taking down Christmas decorations and staff were seeking to positively engage all the people present in the activity. During the afternoon another member of staff organised some indoor gardening activities and staff were again involved in supporting people to plant bulbs in pots. Other people who did not want to join in were offered different options, some choose to watch a film in another room and one person asked to go back to bed for a rest. Another person was offered the option of spending time in the hydrotherapy pool and others had aromatherapy treatments booked. The atmosphere was relaxed and staff were seen to be constantly seeking to engage with people, either when passing or with dedicated attention to support them in a task.

People appeared to be engaged and occupied for much of the time and records confirmed that this level of activity was normal for the care centre. For example, one person's care plan included details about their interests which included gardening. Notes of an activities meeting showed the person's involvement in planting vegetables and herbs and a colourful boarder. Daily notes also evidenced their involvement in gardening with one entry stating, '(person's name) now has a raised bed for plants. Has planted these today and continues to care for them with some staff assistance.' We saw notes from a number of activities meetings which provided information on what people had been doing and their involvement. This included



events such as trips to see a pantomime as well as individual outings to clubs, concerts and an arts festival.

Care plans guided staff in offering opportunities for activities that would be meaningful for the person according to their preferences and needs. For example, one person who was living with Asperger Syndrome preferred spending time on their own. Their interests included crossword puzzles, word games, reading newspapers and watching TV. The care plan included details of which newspaper the person preferred and noted that they enjoyed watching football on TV. Staff were aware of their preferences and respected their choices. Staff said that the person preferred a quiet atmosphere and this was detailed in their care plan. When going out the person needed support from a member of staff and the care plan guided staff in places that they preferred to go such as the local pub. Daily records confirmed that there were regular visits to the local pub, noting that 'Staff at the pub gave him the newspaper and served the food exactly as he likes it with a serviette.'

The level of detail in care plans provided staff with the information they needed to provide person centred care. For example, one person was partially sighted and needed support with eating. The care plan guided staff to, 'remember to show me the food before offering each mouthful.' We saw a staff member bringing the spoon into the person's line of vision at meal time so they could see what they were about to eat. Another person had a care plan to support their sexuality. It contained details of what was important to the person regarding their appearance. It stated, 'I like the length of my beard, I only want to shave it when it gets long.' A photograph indicated the desired length of the person's beard and we noted that their personal appearance was smart and their beard was at the length they preferred. Another person's care plan stated that they liked a glass of wine with their meal. The person told us that they enjoyed going out every week to shop for the wine and cheeses that they enjoyed. Another care plan detailed the type of toothbrush and toothpaste that the person preferred and we saw this was available to them. The care plan for someone with a profound learning disability detailed the importance of particular objects for the person. We saw that staff were aware of this and recognised when this person became upset because they had mislaid their object. Staff immediately searched for the item and returned it to the person who was visibly relieved to have it back. This showed that staff understood the importance for that person of having this object near them.

People told us that staff were flexible in their approach and responded to changes in needs. One person said, "They are good, if I need to get up earlier than usual because I have visitors coming there is never a problem". A staff member told us that one person had enjoyed going to church on a regular basis but had stopped this because they liked to go to bed late in the evening and to get up later in the morning. After sometime the person had told staff that they missed going to church. The staff member had contacted that church and found details of an evening service so that the person could have the option of attending the service again. Relatives told us that staff were responsive. They described how staff had responded quickly when their relative complained of toothache saying, "Staff were very good, they reacted quickly and calmly and got them to the dentist."

People we spoke with all knew how to make a complaint and said they would feel comfortable to do so. One person said, "I would speak to the manager," another said, "They maintain the standards I am happy with but I would tell them if things should be changed." A relative said, "I would always phone the manager." There was information available in both bungalows about how to make a complaint. The registered manager kept a record of any complaints received and included details of actions that were taken to resolve the issue. For example, a relative had complained that their loved one was not being taken out regularly. The registered manager had investigated and made arrangements for staff to support the person to go out the following week and to be offered the opportunity to go out on a weekly basis thereafter.

## Is the service well-led?

### Our findings

People, their relatives and staff told us that the service was well-led and spoke highly of the registered manager. One person commented, "The manager is interested in individuals and has her finger on the button." Another person said, "The manager is very kind." A third person said, "She (registered manager) has got our interests at heart," and a fourth person said, "She is very hardworking and effective." A relative told us, "The manager does a wonderful job, she manages her staff team well and her team reflects this, it's a happy team." A visitor also spoke highly of the registered manager saying, "I think it's a very happy home because of the manager."

Staff told us they felt supported and appreciated by the registered manager. One staff member said, "We have a very supportive manager, a very hands-on manager." Another said, "She will listen to what we are saying, she is very good." Staff described an open culture at the home saying that the registered manager was approachable and easy to talk to. One staff member said, "Leadership and management are excellent, very good, our manager operates an open door system. You can talk to her about anything, personal or professional. If it is beyond her she will get in touch with other managers, we are well supported." Staff meeting minutes showed that staff meetings were held regularly. Notes from one meeting confirmed that the registered manager had praised the staff group for their hard work. It stated that the registered manager 'thanked all staff for their continued hard work. She stated she is very proud of the staff team and appreciates their dedication to the job and to the care they give the residents.'

The registered manager was visible and described as "hands-on" by staff and people. The registered manager confirmed that they liked to work as a nurse on shift on occasion to keep up to date with the needs of people and to provide practical support to staff. The registered manager said that they were well supported by the provider and had the resources to drive improvements. For example, access to training for staff was available from the provider's training academy.

There was clear leadership at all levels within the service. Staff understood the responsibilities of their roles and knew what was expected of them. Communication systems were robust and ensured that staff had up-to-date knowledge of the people they were supporting. This included daily operational meetings and handovers between staff. Weekly clinical meetings addressed people's clinical needs and regular staff meetings were well attended. Staff told us they were able to raise any issues and could add items to the staff meeting agenda if they wanted to. One staff member said, "If we ever have any ideas we can always talk about these in staff meetings to see if we can do things better".

Staff demonstrated that they understood the vision and values of the service. One staff member said, "We give excellent care, we try as much as possible to do our best and make sure person-centred care is followed." Staff were consistent in their approach to providing person-centred care and we saw examples of this throughout the inspection. Staff regarded the people they were supporting in a positive and respectful way and this was reflected in the way they spoke about them, the way care records were written and in the interactions that we observed throughout the inspection. This showed that a positive culture was embedded within staff practice.



Staff had developed good links with the local community. People were supported to access the local community regularly and the registered manager ensured that there were staff available who could drive the transport to enable this. Staff told us that some people were recognised as "regulars" at the local pub. Other people attended the local church. Staff had regular contact with health care professionals and sought their advice when required. For example, a nursing team had provided support and training to staff in pressure damage awareness and bladder and bowel care.

There were robust systems in place to monitor the quality of the service and to drive improvements. A number of internal and external audits were used to monitor and review delivery of care and to ensure that recording systems were robust. For example, an audit of the management of medicines was undertaken on a monthly basis. Any issues identified were reported to the registered manager. We saw that some gaps in MAR charts had been identified and the registered manager had been notified and took action to follow up these omissions in recording. Other systems included a care plan review record which ensured that people's care plans were reviewed on a monthly basis. A health and safety audit confirmed that weekly checks were in place and any identified issues were followed up. For example training refreshers were booked for staff who were due to be retrained and this had been addressed with the training department. The registered manager developed action plans from the findings of audits and this indicated what actions had been taken and the date when it was completed. For example an audit had identified the need to update personal emergency evacuation plans and the action plan noted that these had all been reviewed by a specified date. Action plans were checked and signed off by the provider's area manager.

The registered manager monitored complaints and compliments received about the service and looked for opportunities to learn from these. Incidents, accidents and safeguarding alerts were also overseen by the registered manager to identify any trends or patterns of behaviour. This enabled the registered manager to ensure that actions had been taken to reduce a reoccurrence and to make any necessary changes to improve practice.

The registered manager sought feedback on the quality of the service in a number of ways. A survey was sent to people and their relatives by the provider and the results were collated to provide an overview of people's views. A regular cheese and wine evening had been introduced to provide people and their relatives with an opportunity to meet informally and discuss their views on the care provided. We asked the registered manager how this had made a difference to the service. They gave a number of examples of changes that had been made following the last meeting. This included sourcing a drama group for one person who had expressed an interest in going out more often in the evening. Another example was of someone who said their bed was no longer large enough for them and the registered manager ensured that a new bed was purchased. This demonstrated how the registered manager used feedback to drive improvements in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager and was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.