Four Seasons Homes (Ilkeston) Limited

# Nottingham Neurodisability Service - Aspley

**Inspection report**

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## Ratings

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

## Overall summary

The Nottingham Neurodisability Service – Aspley provides accommodation for up to 32 adults who require nursing or personal care. The service is a specialist centre which provides care and support for people with either a brain injury or a complex neurological condition. This includes complex disability management and neuropalliative care.

This was an unannounced inspection carried out on 23 March 2015 and there were 27 people living in the service at the time of our inspection. The service has 29 single bedrooms which are all on the ground floor.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We last inspected Nottingham Neurodisability Service – Aspley in September 2013. At that inspection we found the service was not meeting all the essential standards that we assessed.

During our inspection in September 2013 we found people's care and treatment was planned but not always delivered in a way that was intended to ensure people's safety and welfare. At this inspection we found that people had received their personal care as documented in their care plans.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. At the time of the inspection one person who used the service had had their freedom restricted. We found that policies and procedures had been followed and appropriate steps had been taken to ensure the correct authorisations were in place.

Staff ensured that people were kept safe and safeguarded from harm. They all received safeguarding adults training and understood their role and responsibilities to protect people from harm. There were robust risk assessments and management plans in place to ensure that any risks in respect of people's daily lives or their health needs were properly managed. Staffing numbers were sufficient to ensure that each person was kept safe and their care needs were met. Medicines were well managed and people received their medicines as prescribed.

Staff were provided with the training they needed to do their jobs and had further training opportunities to develop their skills and had been encouraged to become leaders in particular areas. Staff had the specific clinical skills they needed to meet people's individual and complex care needs. People were provided with sufficient food and drink, or dietary supplements to meet their requirements. Where people were at risk of poor nutrition or hydration, measures were in place to monitor progress. Arrangements were made for people to see their GP and other specialist healthcare professionals as and when they needed to do so.

There was a very welcoming and friendly atmosphere in the service and there were positive working relationships between the staff and people who lived in the home. Where possible people were involved in making decisions about how they wanted to be looked after and how they spent their time. Families were involved in the decision making process where they needed to and acted as an advocate on behalf of their relative. People's privacy and dignity was maintained at all times.

People were encouraged to express their views and opinions about their care and each person was looked after in a person-centred way. They had opportunities to comment about the way the service was run, the choice of meals and activities. Staff listened to what people had to say and acted upon any comments and concerns to improve the service they provided. People had opportunities to take part in social activities and everyone we spoke with felt these had improved greatly. People were encouraged to live as full a life as possible. They were supported to maintain links with the local community and given opportunities to continue their education.

The registered manager provided excellent leadership and had a committed staff team who provided the best possible service to each person who lived there. The quality of service provision and care was continually monitored and where shortfalls were identified actions were taken to address the issues. They worked in partnership with other organisations to ensure they provided a quality to service for people they supported. Feedback from health and social care professionals was very positive about the management team and the care that people received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Good

People were protected from harm. Staff were aware of their responsibilities to safeguard people and had reported any concerns that were raised with the appropriate authorities.

The procedures for recruiting staff were safe and ensured suitable staff were employed to work in the home.

Risks were well managed and enabled people to be as independent as possible and to be kept safe.

Medicines were well managed and people received their medicines as prescribed.

**Is the service effective?**
The service was effective.

Outstanding

Staff had the necessary knowledge and skills to be able to look after people's complex care needs. The service had creative ways of training and developing staff and they were provided with good support in order to do their jobs. This meant that people experienced a level of care that promoted their wellbeing and promoted their independence.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the requirements of the DoLS. Appropriate steps had been taken to ensure the correct authorisations were in place. People's rights were properly recognised, respected and promoted.

People were supported to have enough to eat and drink and their specific dietary requirements were met. Where there was a risk of poor nutrition or dehydration measures were in place to monitor this.

People's health care needs were met and staff worked with the GPs and other healthcare professionals to ensure people's well-being was maintained.

**Is the service caring?**
The service was caring.

Good

People were positive about the way they were looked after and about the staff team. There was a very welcoming and friendly atmosphere in the service.

All staff who worked in the service had good working relationships with people and provided the support people needed. People were treated with respect and dignity.

Where possible people were involved in making decisions about their care and support. They were looked after in the way they wanted and staff took account of their personal choices and preferences.

**Is the service responsive?**
The service was responsive.

Good

# Summary of findings

People were involved in the process of making decisions where possible and received the care and support they needed.

Staff knew how each person needed to be looked after and what their preferences, likes and dislikes were.

The service was very flexible to people's individual needs and found creative ways to enable people to live as full a life as possible.

**Is the service well-led?**

Good

The service was well-led.

The service was very well run and all staff were committed to meeting each person's individual care and support needs. The registered manager had a visible presence in the service, was approachable and provided strong leadership.

Robust auditing systems were in place to measure the quality of service provided to each person and to identify where improvements were needed. Any comments or complaints people had were listened to and acted upon appropriately.

The service worked in partnership with other organisations and agencies to provider a high quality service.

# Nottingham Neurodisability Service - Aspley

**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.

We visited the service on 23 March 2015 and the inspection was unannounced. The inspection team consisted of an inspector, a specialist professional advisor and an expert by experience. A specialist professional advisor is a person who has expertise in the relevant areas of care being inspected, for example, nursing care. We use them to help us to understand whether or not people are receiving appropriate care to meet their needs. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spent time talking with eight people who lived in the service and two relatives who were visiting on the day. We spoke with the registered manager, the deputy manager, two registered nurses and 3 care staff. In addition, we spoke with the chef, the activities person and other members of the team who supported the service on a day-to-day basis. We also spoke with a GP who was visiting the service.

We observed care and support in communal areas and looked at the care plans of four people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted seven health or social care professionals before our inspection and asked them to share both positive and negative feedback with us on the care that people received at the service. We used this information to inform the inspection planning process.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One person said, "I feel safe here because of the caring staff who look after me." Relatives were reassured that their family members were safe in the service. One relative said, "I am happy to leave [my relative] here." We asked staff to tell us how they maintained the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the registered manager. Staff said that they had received appropriate training and that where required they would escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission. The registered manager demonstrated a clear understanding of safeguarding vulnerable adults. They had worked with other agencies and healthcare professionals in an open and transparent way when concerns were raised by the family of an individual or by the staff team.

To ensure people's safety was maintained a range of risks assessments were completed for every person. These included assessments in respect of the likelihood of developing pressure ulcers, falls, nutrition, the use of bed rails and moving and handling procedures. Where staff were required to transfer people for example, from their bed to a chair, a moving and handling plan of care was devised. These set out the equipment to be used and the number of staff required to complete the task safely. There was also evidence that information gathered when a person started using the service was utilized to compile individualised risk assessments for people. For example, one person had a gastrostomy tube (a feeding tube inserted directly into the stomach) as they were unable to take food orally. There was written evidence that staff followed a risk assessment and monitored the site of the feeding tube for signs of potential infection and the person's weight and body mass index were also monitored in relation to their nutritional needs.

The provider had a business continuity plan in place. This included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of utility services. Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

Staffing levels were kept under constant review by the registered manager and were adjusted based upon the needs of people and the activities taking place. One person said, "'I like to stay in my room but they always answer my bell when I call. I don't have to wait." Another person said, "If I need help, they are there. I have no complaints." Shifts were covered with a mix of care staff, administrative, catering and housekeeping staff. Two registered nurses were on duty along with five care staff on the day we inspected. Records showed that the number of staff on duty during the month preceding our inspection matched the level of staff cover which the registered manager said was necessary. Staff said that staffing levels were appropriate and people we spoke with said there were always staff about to help them and there were enough staff to meet their needs.

We found that checks undertaken ensured that people were kept safe and protected by the safe administration of their medicines and that people received their medicines as prescribed.

We looked at a sample of people's medicine records and found that they had been completed consistently. We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. All medicines were kept safely in the locked clinical room and a medicines refrigerator was available in the clinical room and the temperature of the refrigerator was checked on a daily basis. Records we saw indicated that medicines were stored at the correct temperature. Suitable arrangements were in place for the disposal of unwanted medicines. Internal medicines audits were carried out regularly and we noted that there were independent audits of medicines management every two months. Any actions identified from the audits had been noted and action taken.

A sample of staff personnel files were checked to ensure that recruitment procedures were safe. Appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity and two senior members of staff undertook all interviews. Disclosure and Barring Service (DBS) checks

Good

# Is the service safe?

were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

Outstanding ☆

# Is the service effective?

## Our findings

People said that they were well supported and cared for by staff who had the knowledge and skills to carry out their role. One person said that they had lived in the home for, "Quite a while so the staff all know me and I know them." The person carried on to say they felt they were, "Well looked after" and were always, "Treated with kindness and I never ever see any look of impatience." Another person said, "Staff are very good, marvellous but they don't go over the top. They let me do what I can and help me to be independent." We witnessed staff respond to an emergency situation during our inspection when a person had a seizure in a communal area. Staff were immediately at hand to deal with the situation in a calm, caring and professional manner. They monitored the person during the episode and then took them back to their room to rest.

Staff told us they had received an induction training programme when they had first started in post and this had prepared them for their role. They said the training was thorough and included mandatory training such as fire safety, moving and handling, safeguarding and infection control. Staff told us they were supported to do their role and that they received regular support, supervision and appraisal sessions from the management team. We saw that care staff all held or were working towards a nationally recognised care qualification. One staff member said, "I am supported to do further training." Another member of staff said, "I received training when I started and I am about to undertake my NVQ level 3." The service had a training plan for the year. The registered manager planned and organised staff training and kept an overall record to show what training each staff member had completed and when refresher training was due.

Registered nursing staff were supported to keep up to date with their professional practice. There were good communications and liaison practices with other health professionals, for example the Speech and Language Therapist (SALT), an Epilepsy Nurse, a psychologist, the end of life care team, physiotherapists and occupational therapists. We found that additional training was provided for care staff from these healthcare professionals when required. Staff who showed an interest in certain areas were given roles called 'representatives'. These staff acted as role models for other staff, supporting them to ensure people experienced the best quality of life. They attended further training in these areas and acted as a link between the service and external specialists. This included a wide range of areas such as continence, nutrition, dignity, tissue viability and infection control. The training and support that staff received equipped them to have the skills required to deliver a high standard of care to people.

The registered manager and staff had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. During our inspection we were informed that one person had a DoLS authorisation in place and staff were aware of what this meant for the person. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. We saw evidence in people's care plans that they were involved when meetings had taken place with senior nurses, other health professionals and families and the outcomes and agreements made were documented in the person's care plan.

People were supported to receive a healthy and nutritious diet. One person said, "I enjoy the food here. We got a new cook and they're good." Another person said, "It's my decision what I eat." People's had been asked about their food preferences and any specific dietary needs. Assessments had been carried out and had been kept up to date and action taken when a person's needs changed. Some people received extra assistance to make sure that they were eating and drinking enough. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow to reduce the risk of people choking. Food moulds had been purchased which resembled the food the person. This helped to improve the presentation of the food for them. For example, a fish mould and a carrot mould. In addition, we saw how people were supported to continue to enjoy food they liked. The chef had started to make biscuits which people with swallowing difficulties could eat. These resembled biscuits but were soft enough for them to eat safely.

Staff kept a detailed record of how much some people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. The chef worked to ensure that people received a

# Is the service effective?

full and varied diet. They explained about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way.

We saw that when necessary staff had arranged for people to promptly receive health care services, which included seeing their doctor. Some people had complex needs and required support from specialist health services. Care records showed that these people had received support from a range of specialist services such as dieticians, psychologists, speech and language therapists and occupational therapists. One relative said, "They will ring me at home if the doctor has been whatever time it is to stop me worrying. [My relative] gets regular chest infections but if they are 'off colour' staff are very quick to call for who is needed and this works very well."

We contacted healthcare professionals who knew the service. They said that they were entirely satisfied with how people who lived in the service were supported to maintain their health. One said how impressed they were with the service. They felt their team had been involved from the earliest point which had allowed them to get to know the person. They said that the level of dedication from staff was 'outstanding' and that they ensured that people got what they needed, in the form of support from the multi-disciplinary team.

The building had been adapted to meet the needs of the people living in the service and to support them to maintain and promote their independence. For example, the service had been designed to enable people in wheelchairs to access all areas and corridors and doors were wide and allowed access to bathrooms and showers for people. In addition, there was an independent living skills kitchen which had a height adjustable cooker. This enabled people to cook meals and snacks for themselves and entertain friends and family.

The communal areas were spacious and had a lot of natural light. The windows were at an appropriate height which enabled people, whilst seated to be able to look out. Bathing was comfortable and less stressful for people because there were bathing aids available for staff to use. The service had recently installed a shower trolley for people. This bathing aid allowed staff to assist people to have a shower with ease and comfort and reduced the need to transfer people. People's bedrooms were on the ground floor and people had access to the garden area. Some people's bedrooms had French doors which opened to allow people access to the garden. The registered manager had arranged for ramps to be made which would allow people who used wheelchairs to have access through these doors.

Good

# Is the service caring?

## Our findings

We found the service was welcoming and friendly and this was supported by comments made by the people who lived there, their relatives and the staff team. Each person and the relatives we spoke with were pleased with the standard of care provided. One person said, "I love it here because it's like home. One of the cleaners reminds me of my mum so I call her mum. I have no family of my own so they will shop for me and bring my toiletries in and anything I need." Another person said, "I get very good care here and I am allowed to do what I can for myself."

Relatives we spoke with said, "I am very involved with my relative's care and I insist on it and have never had any problems." Another said, "I visit nearly every day and I can honestly say I don't know what I would do without this place. The staff, all of them, go the extra mile."

During our visit we observed caring and friendly relationships between care staff and the people they were supporting. The registered manager had implemented a weekly event called 'down-time' where each week at a certain time all members of the team, which included catering, maintenance and administration staff spent time in a communal area having cake and a hot drink with people who lived in the service. On the day of our inspection we were invited to be involved in this event and observed how staff, people and their relatives spent time together. We saw how much people enjoyed the event and how the atmosphere was happy and jovial. People and staff said how this regular event had helped to foster good relationships and it felt like 'family time' in the service.

We observed that staff were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff noted this and sat with them and then asked what they wanted to do. This person decided they wanted to go to their room, they held hands with the member of staff and went with them to find their room. This person's mood had changed and they appeared happy and relaxed. In addition, we observed how a member of staff tactfully dealt with a situation where a person exhibited inappropriate behaviour. This was dealt with in a discreet manner and the person was diverted to do something else with another member of staff and the situation was diffused.

We received positive feedback from people and their families about how well the whole team of staff worked together within the service and how this impacted on the care and support that people received. This included members of the support team which included catering, maintenance and administration had developed supportive relationships with people. One relative said. "[Staff member] is absolutely brilliant. They are so gifted and lovely with residents. It's the nature of the person. They go the extra mile and that's what makes these places work. They are excellent."

Both the care staff and members of the supporting team knew the people they were looking after well and we heard them addressing them in an appropriate manner. Staff told us there was good communication within the care team so all staff could develop a good knowledge of each person and build up trusting relationships. For example, one staff member had taken the time to find out that a couple of people who lived at the service enjoyed DIY. They had arranged a trip to a local hardware store each Friday so that the people could continue to enjoy this interest.

Staff were aware of the importance of verbal and non-verbal communication and how this determined whether a person was happy with the care they were receiving. One staff member explained to us how people had different levels of communication abilities. They said, "We have picture cards which we can use to help people with communication difficulties. For example, the menu board in the dining room includes an illustration of the meals for the day so people can point to their choice."

People told us that staff respected their privacy and dignity. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were able to describe the actions they took such as closing curtains and doors, checking on people's wishes and asking permission before providing care. Staff were also observed speaking with people discretely about their personal care needs.

People could choose where they spent their time in the service. There were several communal areas within the service and people also had their own bedrooms. We saw that people's bedrooms were spacious and that people had been encouraged to bring in their own items to personalise them. When people did not have families or friends to support them, staff had taken time to support the person and helped them to create their own personal

Good

# Is the service caring?

space. For example, one person had travelled from abroad and did not have any personal effects with them. Staff had visited a local market to find items that this person may have in their home country and which reflected their culture. They had then used these to help decorate their room. We heard how this had assisted the person with their recovery and had helped to make them feel comfortable and settled in the service and that their bedroom was their own personal space. This demonstrated how staff had an understanding of people's social and cultural beliefs and how they had used innovative ideas to support people and give them a sense of wellbeing.

Records we looked at showed that some people had chosen to make advance decisions about their care. We saw that there were correctly authorised instructions for people who did not want or would not benefit from being resuscitated if their heart suddenly stopped beating. The service had a strong commitment to supporting people and their relatives, before and after death. People had been asked about the arrangements they wanted to be made for them at the end of their life and we saw examples of how this reflected the person's cultural and spiritual wishes. People's had end of life care plans in place which involved next of kin and significant others as appropriate. This included details about funeral arrangements and the involvement of family members. Staff were trained in end of life care so that they had the specialist skills and knowledge to support people. These measures all contributed to people being able to receive personalised care that reflected their expressed needs and wishes.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had developed links with local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who help people to understand the issues and communicate their wishes.

Good

# Is the service responsive?

## Our findings

During our inspection in September 2013 we found people's care and treatment was planned but not always delivered in a way that was intended to ensure people's safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At our last inspection we found monitoring charts and care plans for some people had not been completed consistently and did not reflect the care needs of the person.

At this inspection we found that people had received their personal care as documented in their care plans. People's care records included an initial assessment of needs, completed prior to admission. These assessments were comprehensive and this meant staff would be able to meet the person's needs. Care plans were devised for each person and for example, provided details about personal care needs, mobility, and support needed with eating and drinking, any wound care management and their night time requirements. People's care plans were well written and provided detailed information about how the planned care was to be provided. Daily records of care provided were maintained during each shift. Care plans were reviewed during multi-disciplinary team meetings to ensure they remained up to date and people received the support they needed. The care plans reflected people's care needs as they had been described to us and provided an accurate picture of the person's needs. This meant that the provider was no longer in breach of the regulation.

People were positive about the care and support they received and were supported to contribute to their care plans as much as they were able. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. One person said, "I've been here three years now so staff know me well and anticipate my needs." Families were involved as appropriate and where agreement had been made for them to be involved and they told us that they were welcomed by staff in the service. The multi-disciplinary team involvement ensured that people received the exact care and support they needed from a team of specialist practitioners who had expert knowledge in supporting people with neurological conditions. Health and social care professionals who visited the service told us that the service was focused on providing a person centred approach to people's care. One healthcare professional said, "In my opinion the service is offering the highest standard of care to a very vulnerable client group with complex and very different needs."

People were given the opportunity to make choices about their activities, where they spent their time and when they received personal care support. People were supported to express their views and to be as involved as possible in making decisions about their care and their daily lives. One person said, "I have a good relationship with staff who look after me really well."

There was a general acknowledgement from people who lived in the service, their families and staff spoken with that the activity programme had improved greatly in recent months. One relative said, "Things have definitely improved since the manager got involved. There is much more choice and diversity." People who lived in the service said they had also seen an improvement in the choice of activities on offer to them. One person said, 'I like to take part in quizzes but I can't read so someone helps me. I also like to play cards and dominoes as I can manage these. I like knitting too as I can do that on my own in my room." Another person said, "The activities are now getting there. Not perfect yet but much better than they used to be." On the day of our inspection 10 people were baking cakes for the 'house meeting' that afternoon.

The activities co-ordinator explained that their role was to provide meaningful activities which ensured that people were able to maintain their hobbies and interests. For example, several people enjoyed DIY and had been supported to continue to pursue this and visit local DIY stores and complete projects with the maintenance team. Activities were planned for the coming month and we saw that the team had tried to cater for all. Activities included a weekly pool competition, baking, crafts, quizzes and even a duty rota to ensure the pet rabbit was looked after. The registered manager explained to us how they liked to 'plan a future' with things for people to look forward too. For example, we saw this reflected in posters and themed activities leading up to St Patrick's Day. This included

Good

# Is the service responsive?

making decorations and putting them up, baking soda bread and Guinness and chocolate cake, listening to Irish music which culminated on the day with external entertainment with an Irish fiddler.

People were supported in promoting their independence and community involvement. For example, people who hadn't had the opportunity before joining the service had been supported to learn to read and write. The local college of further education visited the service on a weekly basis and supported people with this and also to gain qualifications and take part in meaningful activity. People said they enjoyed the college days and found them beneficial. The college had also worked with people to develop a rights and responsibilities poster which would form part of their college module and would be displayed in the service. This had empowered people to list their responsibilities as individuals living in a community.

In addition, one person had been supported to plan a holiday abroad and relevant risk assessments were in place to support their choice. Due to their neurological conditions, some people were limited in their dexterity. We saw how the service had recognised that people had the capacity to make their own choices and take risks in order to maintain their quality of life. For example, some people had made the choice of wanting to continue to smoke cigarettes and we saw how they had been supported to achieve this independently with assistance of a portable aid. The service had links with local schools, religious places of worship and community groups and we saw how people were encouraged and supported to attend activities within these organisations.

People said that they were provided with a choice of meals that reflected their preferences. We saw that people had a choice of dish at each meal time. One person said, "I really like the food" and that there was, "Plenty of choice but sometimes go to the tuck shop as well. If I don't like it I will have cereal." Another person said, "There's always plenty to eat. I like the new food and cook for myself sometimes. If I don't like something I will ask for different food. I always have access to food. There's also a tuck shop that we can go to and there's always plenty to drink."

The service had a complaints procedure which was available in the main reception of the home and also in the information booklet given to people when they moved into the service. This was available alternative formats which included easy read documents with pictures. People we spoke with and their relatives told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative said, "I haven't had to make any complaints and they were happy with the level of care." Everyone said they were confident that any complaint would be taken seriously and fully investigated. We looked at the last formal written complaint made to the service and found that this had been investigated and responded to in line with the provider's policy. We saw that the registered manager had taken steps to address the concerns raised and action had been taken to minimise a re-occurrence of the concerns.

Staff understood the importance of promoting equality and diversity in the service. For example, people had been supported to meet their spiritual and faith needs. We saw that arrangements had been made so that people could attend religious services for their chosen denomination. We also saw examples of how people had been supported to express their sexuality and how this was reflected in their care plan. In addition, we saw that people had been assisted to follow a diet that respected their chosen religion. There was a diverse multi-cultural mix of staff working in the service and of people who lived in the service. The activities person and the registered manager had planned activities around this so that everyone felt involved and could educate each other. We saw examples which demonstrated how this had been embraced by the registered manager and the staff. For example, a 'world food' night was planned which included friends and family, where staff would all bring food dishes from their own country. People told us that they enjoyed this. One person said, "I really enjoy the food night. I like the spicy food."

Good

# Is the service well-led?

## Our findings

People and staff that we spoke with described the management of the service as open and approachable. One relative said, "The manager and deputy manager work very well together. They work well together as a team." A healthcare professional said, "The manager and deputy matron have phenomenal expertise and compassion in delivering patient centred care."

Staff said that the service was well-led, they felt supported and that they were able to see the registered manager if they had any concerns they needed to discuss. Staff said that they enjoyed working at the service and there were clear management arrangements in place which ensured lines of responsibility and accountability for staff. Staff we spoke with told us that they knew who to escalate any concerns to. Staff meetings took place on a regular basis which enabled all staff to have a say about how things were going and suggestions about meeting people's needs in a different way where something was not working well. Following a recent staff survey, two workshops had taken place and staff were being encouraged to adopt a 'new day culture'. Staff were asked to write down positive and negative events which had happened during the working day on a whiteboard. These were 'wiped clean' at the end of the day and then themed by the registered manager for the agenda at the next staff meeting.

The registered manager was available throughout the inspection and they had a very good knowledge of the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and to support staff.

We observed that people were relaxed with the registered manager and saw that they made themselves available and chatted with people. One health and social care professional said, "[The registered manager and [The deputy manager] work so well together and want to achieve the best for the residents, involving all relevant services as required." Another health and social care professional said, "I have been coming to the service for 20 years. It is a fantastic service. The manager and the deputy manager know much more than I do about the people who live here and they are advocates for them."

There were effective quality assurance systems in place which monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. Senior managers visited the service on a regular basis to monitor the service's performance and highlight any risks. These were then feedback to the registered manager and an action plan completed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided. For example, a recent infection control audit had identified that furniture in the communal lounge area was in need of replacement. Action had been taken to purchase new chairs and furnishings for this area.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to. One member of staff said they knew what whistle blowing was and knew how to raise concerns and added, "I would have no hesitation in reporting something if I thought that action was not being taken."

There were various systems in place to seek people, relatives and health and social care professional's views about how the service was run. People's views were gathered via customer satisfaction surveys and 'house meetings'. We saw that a recent survey had been completed and the response about the service was positive. This allowed the service to monitor people's satisfaction with the care and support provided and ensured that changes were consistent with people's wishes and needs.

We found that the service was in the process of re-furbishment and people who lived in the service had been consulted about the decoration of the building and the colour scheme. 'House meetings' took place each month which gave people the opportunity to raise any concerns. We observed a meeting during our inspection and saw that 15 people attended the meeting which was facilitated by the activities person and the registered manager. The meeting was appropriately paced so that all people were able to take part and be involved wherever possible. People were reminded that it was 'their meeting' and everyone was given an opportunity to contribute individually.

Good

# Is the service well-led?

Due to the nature of the care and support people received in the service we found that there had been a lot of compliments sent to the staff to say thank you. One response detailed how pleased a family were with the level of care their loved one had received at the end of their life. One comment included, "In particular it was noted without exception, whoever came into the room always addressed [relative] first. This was not just true of care staff but also the cleaners, caterers and site staff and showed that you had instilled in the whole workforce the priority the resident has over and above everything else."

The registered manager ensured there were good working relationships with the local authority, the NHS and commissioning bodies and this had had a positive impact on the care people received. One social care professional said, "I have found them to be very professional and approachable. I was particularly impressed by the way in which they identified the issues regarding poor hospital care and their tenacity in getting the issues addressed. They took their duty of care seriously and advocated strongly for their citizen". The registered manager and their team worked in partnership with other organisations to make sure that they provided a high quality service. There was a strong emphasis on continuing to improve and working with other agencies to ensure people's movement between services was safe and continuity of care was maintained. This had been highlighted following a recent safeguarding referral around a person's unsafe discharge from a local hospital back to the service. The registered manager had established communication with senior staff members in the hospital and attended meetings to discuss how processes could be improved. These links ensured that people who lived in the service would be well cared for during admission, their hospital stay and discharge and would also have an impact on people who lived in similar services.

We saw examples of how the service continued to strive for excellence and make sure that they continued to follow current best practice. They were in involved in projects with the local Clinical Commissioning Group. For example, we saw the service was part of the Hydrant project. The hydrant drinking system is designed to help people who find it difficult to access drinks on their own, who were immobile and may be unable to reach or pour drinks from a jug or glass. The project looks to see if people who were at of risk of hydration could be helped by the use of a hands free system. This was being used by people who lived in the service and their feedback would be collated when the project finished. The impact of the service's involvement would mean that people who used the device would be empowered to ensure they could have a drink independently.