

## Southside Specialist Dementia Care Ltd

# Holly House

### Inspection report

Holly House  
61 Westley Road  
Birmingham  
West Midlands  
B27 7UQ

Tel: 01217078665

Date of inspection visit:  
10 July 2017

Date of publication:  
25 October 2017

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 10 July 2017 and was unannounced. This was the first rating inspection of this service since they registered with us in August 2015.

Holly House provides accommodation and personal care for up to 8 younger adults living with dementia and mental health issues. There were 8 people living at the service at the time of our inspection.

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

The culture of the service was to promote people's wellbeing whilst providing personalised care and support. People were at the heart of the service and people's expectations were exceeded in relation to the support provided to them. Staff were aware of people's likes and dislikes, their aspirations and how they wished to spend their days. People were encouraged to take part in a variety of activities that were of interest to them and chose to have busy lives. Great efforts were made to ensure people maintained relationships with those important to them. People's care needs were regularly reviewed and staff made aware of any changes in their care needs immediately.

People felt safe and confident in the care of the staff who supported them. People were protected from harm because there were systems in place to identify and manage risks associated with their needs. Staff were aware of their responsibilities to act on any concerns they may have regarding people's wellbeing and additional support was sourced where appropriate, to keep people safe from harm.

People were supported by staff who received a comprehensive induction and were well trained. Systems were in place to ensure staff had the most up to date skills they needed to meet the individual needs of the people they supported. People were supported by sufficient numbers of staff with the right skill mix to meet their needs.

Systems were in place to ensure people received their medicines as prescribed by appropriately trained staff.

People were supported by staff who were aware of their healthcare needs and worked effectively with other agencies to promote their health and well-being. People were supported to have sufficient food and drink to remain healthy and solutions were sought to support people to make healthy choices which may have a positive impact on their well-being.

People were complimentary about the staff who supported them and benefitted from positive relationships with staff and other people living at the home. Staff respected people's privacy and dignity and were

respectful when supporting people with their needs.

There was a system in place for investigating and recording complaints and people were confident that if they did have any concerns, they would be dealt with appropriately. People were given the opportunity to have their voice heard and provide regular feedback on the service.

Staff felt listened to and supported and were well motivated and enjoyed their work.

Regular audits took place to continually assess the quality of the care provided. There was a strong emphasis on continual improvement and striving to provide a quality service in order to support people to live healthy, interesting and fulfilling lives.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who had received training in how to recognise signs of abuse. Staff were aware of how to manage risks to people and support them safely. People were supported to take their medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received an induction and ongoing training which provided them with the skills and knowledge required to meet people's needs effectively. Staff obtained people's consent prior to supporting them. People had access to sufficient food and drink and their preferences were respected. Support from a variety of healthcare professionals was made available to assist people to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People highly praised the staff who supported them and described them as kind and caring. Staff treated people with dignity and respect and encouraged people to maintain their independence. People had choice and control in their lives.

### Is the service responsive?

Outstanding ☆

The service was responsive.

People's expectations were exceeded in relation to the support provided to them. Great efforts were made to ensure people maintained relationships with those important to them. People were supported to take part in a variety of activities that were of personal interest to them. People chose to have busy lives and enjoyed taking part in a range of experiences. People were encouraged to give their views on the service and were confident that if they raised any concerns they would be dealt with

appropriately.

### **Is the service well-led?**

The service was well led.

People were complimentary of the registered manager and staff group and considered the service to be well led. The registered manager and provider worked to provide a service that gave people the opportunity to live full and active lives, supported by caring and well trained staff. Staff spoke positively about the support they received and were proud to work for the service. Audits were in place to continually assess the quality of service provided.

**Good** ●

# Holly House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 July 2017 and was unannounced. The inspection was carried out by one inspector.

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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with six people who lived at the service and two relatives. We spoke with the registered manager, the provider, the deputy manager, one member of care staff, the activities co-ordinator and a visitor to the home who was carrying out the weekly exercise programme.

We reviewed a range of documents and records including the care records of three people using the service, three medication administration records, two staff files, training records, complaints, compliments, minutes of meetings, activity records and programmes, surveys, quality audits and action plans.

# Is the service safe?

## Our findings

People told us they felt safe. We observed people had warm relationships with the staff who cared for them and were happy to be supported when staff offered assistance. One person told us, "It's nice, a good place to live. It feels safe," and another person smiled and nodded when we asked if they felt safe and told us, "I should think so, they [care staff] are nice people". A relative said, "I don't worry about [person] here so much now. I know they are safe".

People were supported by staff who had received training in how to recognise signs of abuse and were aware of their responsibilities to report any concerns. We saw where safeguarding concerns had been raised; they had been responded to appropriately and acted on immediately. For example, with a person's consent, arrangements had been made for staff to sleep in a person's bedroom to offer support and reassurance following concerns raised. The provider told us in their provider information return [PIR] that in order to keep people safe, they would take advice if needed from other professionals and we saw evidence of this. For example, the registered manager had identified and obtained the support of external agencies to ensure the safety of a person living in the home.

People were supported by staff who were aware of the risks associated with their care. One person told us, "It's lovely, care is brilliant, I suffer from epilepsy and if they see me unsteady on my feet they check on me every 10 mins. I feel safe, if I have a seizure they know how to look after me." We saw that people's care files held risk assessments to cover a variety of concerns, including risk of falls, poor nutrition and risks to people when they went outside of the home. We noted that risk assessments were reviewed and updated regularly. Where equipment was required to assist people, it was risk assessed and used in line with the assessment. For example, we noted that one person required support whilst walking with a frame and we observed this taking place. We observed that the support offered was also encouraging. Staff displayed a kindness in their tone of voice, without sounding patronising and were respectful of the pace at which the person was able to mobilise.

When accidents and incidents occurred, they were reported and acted on appropriately. We saw where lessons were learnt, actions were taken and care records and risk assessments updated accordingly. Each accident or incident was investigated and analysed providing an explanation for the incident. Staff told us they were kept up to date with any changes in people's care needs and were able to provide us with examples of this. For example, a member of staff told us, "[Person] has gone downhill since their return from hospital; they need a lot of assistance to walk."

We observed there were sufficient numbers of staff to meet people's needs. People and staff all told us they were happy with the staffing levels. We saw that the registered manager had a system in place to assess staffing levels but also took into consideration skill mix on each shift and the social wellbeing of the people living at the home. We were told that staff sickness had recently been an issue but cover was provided by existing staff and staff from the provider's other home. This was to ensure continuity of care for people who lived at the home. The registered manager told us, "If there was a problem, we have access to staff who can step in." We noted that where agency staff were required to cover absences, the same staff were bought in to also ensure continuity of care in the home.

We saw that people were supported by staff who had been recruited safely. Staff told us and records seen confirmed, that prior to them commencing in post they were required to provide two references and complete checks with the Disclosure and Barring Service (which provides information about people's criminal records) as part of the recruitment process.

The registered manager had introduced a number of health and safety checks that were conducted across the home every morning, to ensure the safety of the people living there. She told us the audit sheet was purposely kept in the Medication Administration Record [MAR] folder to prompt staff to complete it every day.

People were supported to take their medicines safely. A relative told us, "[Person] does take their medicines, sometimes they refuse, but [staff name] goes back and tries again until they have taken it." Care plans provided staff with the information required to ensure people took their medicines safely and as prescribed. Each medication administration chart [MAR] held a photo of each medicine and a description of what it was. The deputy manager told us, "If you did accidentally drop a tablet, you would be able to identify which one it was." Daily counts of medicines were taking place to ensure there were no errors and monthly audits were in place to check for any gaps in recordings. Staff told us they had been trained to support people with their medicines and checks were carried out on their competency to do this. We saw that the registered manager subscribed to a Government website that regularly sent emails to providers notifying them of any alerts and/or recalls of drugs or medical devices. As new alerts had been published, they were shared with staff who had to sign to say they had read and understood the content. The registered manager told us, "It's good practice to read through."



## Is the service effective?

### Our findings

One person told us, "It's a lovely home, the care is brilliant" and relatives told us, "They [staff] know [person] well and deal with them fine" and "They [staff] are absolutely brilliant, you can see how well [person] is looked after." Another relative explained to us how confident they were that their loved one's care and health needs were met. They told us they visited regularly, but added, "If I couldn't get here, I wouldn't lose any sleep." We observed that people were relaxed in the company of the staff who supported them in a way that showed they were confident that staff knew their needs.

Staff told us they were happy with the training they received and benefitted from an induction that prepared them for their role. One member of staff told us their induction included 'shadowing' (working alongside) experienced members of staff until they became familiar with people's needs and another member of staff told us, "I had an induction booklet and we went through everything. I signed and the manager signed and then we went round the home together with other staff and they showed me everything."

People were supported by staff who received regular training in order to provide them with the skills and knowledge to meet their needs. We saw that staff were informed of monthly training sessions so they could attend. One member of staff told us, "The training is very thorough. They [management] like us to go on everything and they always offer a couple of dates so that you don't miss anything." We saw as well as completing the Care Certificate [an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care], staff had received specialist training that was put in place to meet the needs of the people they supported, for example, dementia care, epilepsy, diabetes and nutrition. We saw that the registered manager had identified through staff supervisions, that some staff required additional training on the subject of Deprivation of Liberty Safeguards and had arranged for new training sessions to be put in place.

Staff told us they felt supported and confirmed they received regular supervision and an annual appraisal. This meant that staff were supported not only when they first started work, but on a regular basis, through one to one supervision and regular training, enabling them to provide appropriate safe and effective care to the people who lived at the home.

A member of staff told us, "Communication is really good". All staff spoken with told us that communication across the home was effective and that they were kept informed and up to date of any changes in people's care needs, any appointments they needed to attend or any activities they were due to participate in. The provider told us in their provider information return [PIR] that at the end of each shift, staff conducted a walk round the home to ensure the home was safe and secure and emailed a copy of the handover to the registered manager and the provider and we saw evidence of this. This meant that communication systems were in place to ensure staff had the most up to date information to hand to meet people's needs effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 on authorisations to deprive a person of their liberty were being met.

People told us that staff obtained their consent prior to supporting them and we witnessed this throughout the inspection. One person told us, "They [staff] don't make you do anything. It's really nice here" and a relative said, "They [staff] definitely get [person's] consent, they would not be able to make them do anything." A member of staff, describing a person they supported, who lacked the capacity to make certain decisions, told us, "I would still ask [person], give them choices, they can answer and they can say what they like and what they don't like." Staff understood the principles of the MCA and DoLS, but some staff required some prompting on the subject.

People had access to sufficient food and drink to help them maintain a healthy diet. Staff were aware of people's preferences and also of their dietary needs. A member of staff said, "When cooking, I will always ask and double check [what people like]." We saw that there was a kitchen area accessible to the people living at the home and those who were able to, were supported to make their own drinks and/or breakfast. We observed that people enjoyed their food. One person smiled broadly when we mentioned the name of a member of staff to them and they told us, "[Staff's name] does my breakfast how I like it and my tea" and another person told us, "The food is quite good, I like food here that is good for me." We saw that efforts were made to support people to make healthy choices at mealtimes. Smoothies were being offered for those who enjoyed them, as an alternative to introducing additional fruit and vegetables into people's diets. A relative said, "I think the food is fine; it's cooked for [person]. If they want a chip shop tea they will get it for them." A member of staff told us, "There are menus, but we tweak them a bit according to the weather. If people say they fancy a takeaway we will go and get them." People spoken with confirmed this to be the case.

People were supported by staff who were aware of their healthcare needs and how to support them to maintain good health. A member of staff told us, "[Registered manager's name] will explain everything, will go through all the important stuff, it works really well. She will explain illnesses so that all staff are aware." A visiting professional told us they had witnessed how staff had supported a person when they became ill and added "They [staff] dealt with the situation appropriately".

People were supported by staff to access a variety of healthcare professionals in order to ensure their health care needs were met effectively. For example, we saw one person had been supported to lose weight which had resulted in positive changes in a medical condition. We saw that another person had been supported to improve their fluid intake to include fluids that were more beneficial to their health, resulting in a positive impact. The provider told us, "We weighed out and showed [person] how much sugar was in the drink they were having. That really helped and we helped find an alternative drink they enjoyed." We saw evidence of staff working alongside a family member to encourage a person to attend a hospital appointment and relatives confirmed they were kept informed of any concerns or changes in their loved one's wellbeing. One relative said, "All the staff are really nice here, any problems and they ring me." This meant that the people who lived at the home were supported to attend and receive health care support that they required to prevent ill health or to maintain existing health care conditions.

## Is the service caring?

### Our findings

Every person spoken with told us that staff were kind and caring and we observed this. One person told us, that the staff who supported them were, "Nice people" and we observed that people had warm, positive relationships with the staff who supported them.

We observed many instances of people, just getting along, passing the time of day and enjoying a laugh and a joke. We saw one person play a trick on a member of staff and other staff were in on the joke. When the joke was revealed, there was lots of raucous laughter in the home and it was a pleasure to witness. It was clear from these interactions that people living at the home cared for each other and the staff who supported them reciprocated these feelings. People commented that it was like 'one big family' and we saw evidence to support this.

Staff spoke warmly and with kindness and compassion when talking about the people they supported. A member of staff explained their delight that a person was beginning to be more settled in the home and the result of this was of see another side of their personality. They told us, "[Person] is getting a bit 'cheeky'; it's lovely to see that side of them, we're so please that they are with us permanently now."

People told us that staff treated them with dignity and respect and we observed this. One person told us, "They [staff] are very respectful, any problems they will sort them out for me." Relatives also commented that their loved ones were treated with dignity and respect. In their dealings with people, staff were respectful and chatted to people as they supported them, kept a discreet distance if people were doing something for themselves, but offered help if they felt it may be accepted or required. A member of staff told us, "Respect and dignity is a very big thing for me; treat people like you treat your own. I respect their wishes. You still speak to people and give them choices."

The provider told us in their provider information return [PIR] that people were encouraged to retain and improve their independence and we saw evidence of this. One person proudly told us they had a key to their own bedroom and showed us their room, which was decorated to their own personal preferences including their own ornaments and pictures on the wall. They told us, "I like to clean my own room and they [staff] do it once a week." Another person liked to make their own breakfast and they were encouraged and supported to do this. A member of staff described how they were encouraging another person to regain their independence with their personal care, they told us, "[Person's name] can still wash themselves and if need be I will help with their hair; I'll say to them, 'you can do this' and will keep encouraging because I know they can." Another member of staff commented, "I think we do promote independence, people still go out, go for walks or shopping. It's so nice to see people gain some independence and go out and enjoy themselves."

People told us they were supported to make their own decisions and spend their day as they wished and we saw many examples of this. The day was led by the people living at the home, what time they rose, what time they ate, what they ate, and how they spent their time.

We saw that thought had been given to make the building look less institutional and for areas which were

restricted, instead of key code systems being put in place a fob system was in place which meant staff discreetly used this to gain access to restricted areas such as the medication room.

For those people who required it, the support of an advocate was arranged. A member of staff described the particular circumstances in which an advocate was sourced for a person living at the home. They told us, "We have [person's name] best interests at heart and we contacted a social worker and arranged for an advocate."

## Is the service responsive?

### Our findings

Prior to moving into the home, we saw that people were fully involved in the pre-assessment process and planning of their care. This was so that care and support was provided in the ways they preferred. A relative explained, "[Person] came here two to three times first and then a place was offered and they liked it." Another relative said, "When [person] first came we spoke about their history." The registered manager told us, "I will try and do a couple of care plans for staff to read before the person comes into us. I work the floor as well and we come together as a team." We saw feedback from a healthcare professional praise the service, stating, "I have observed their efforts to engage [person] in decision making and encourage them to make choices" and another professional commented, "I have nothing but praise for their commitment and care for [person]."

We observed that people were put at the heart of the pre-assessment process and ongoing reviews of their care. For example, the provider told us in their provider information return [PIR] that each person had their own lifestyle plan which documented people's daily activities and we saw evidence of this. The provider told us the idea was to demonstrate how dementia affects people's lifestyle and daily life so that staff could see how they could support people to continue to enjoy their hobbies, interests and outings safely. We saw the plans contained details of what people had done that month and also contained photos of each activity. A member of staff told us, "It's nice to capture those moments and capture a different side to people; we send photos onto relatives on their phone so that they can see they are ok and happy." We saw that the plans were written in partnership with people, providing a growing and changing picture of people's busy lives.

The activities co-ordinator told us, "We spend more time with people to see what they like to do, see what their mobility is like. [Person] was nervous the first time they went out, they hadn't been out for two years, we take small steps at a time." Staff knew people well enough to be able to suggest and source new activities for people to participate in. One example of this was how staff had responded to one person's desire to participate in more physical activities. We saw this person participated in a variety of physical activities at different venues on a weekly basis, some of which included chopping logs and painting. Whilst on holiday, it had come to light that the person enjoyed swimming and we saw that a timetable had been obtained from the local swimming baths to identify days how they could be supported to do this. We observed this person taking part in a group physical activity class and they told us, "I enjoyed that, it's good for you." This meant that people were provided with a variety of opportunities that met their individual needs, providing them with an enhanced sense of wellbeing and exceptional quality of life.

There was a culture of providing a service that was specific to each individual's needs, putting the person at the heart of the decision making process. The provider, in their statement of purpose, spoke of people's recreational activities being planned with them with a view to promoting a genuine feeling of well-being and empowerment and we saw evidence of this. The provider demonstrated a commitment to ensuring people's care was responsive to their needs. They ensured resources were available to enable people to take part in activities that enhanced their well-being and also encouraged staff to look out for new activities that people would enjoy participating in.

We saw that there was a clear emphasis on ensuring the service was flexible and responsive to people's needs. People were encouraged to spend time outside the home, meet new people, develop new friendships and maintain and grow family relationships. A relative explained the efforts the provider and the registered manager had gone to, to ensure their loved one was able to maintain connections with members of their close family. They described how accommodating and supportive the staff were and how all involved had benefitted from the arrangements that had been put in place to ensure these relationships were maintained and flourished. They told us, "You can imagine, in years to come, [the family] will remember going to a big house to see [person]." The registered manager told us, "It's important that we help build memories [for relatives] and good ones, so that they understand what is happening." We saw that arrangements had been made to support a person to attend a family wedding and they were helped to pick out an outfit for the occasion. We saw that another person was supported to maintain contact with a family member and was taken to visit them every week.

We saw that people living at the home got along well and had developed friendships. A relative told us, "People are encouraged to talk to each other." We saw two people chose to watch a television programme together and it was clear they enjoyed each other's company. A member of staff told us, "They are very good friends." Another person came and sat with them and joined in the conversation. Some people had recently been on holiday together and they chatted about their shared experiences and how much they enjoyed themselves. One person told us, "We went swimming, on day trips and they buried me in the sand with just my head sticking out!" We saw that one of the people who had been taken on holiday, had sent the registered manager and provider a postcard and wrote, "Just a little present to say thank you for all your care and love you have given me." For those people who were unable, or chose not to go on holiday for the week, arrangements were made for them to take part in day trips to where the others were staying, so that they were able to enjoy the experience with the people they lived with.

We saw that people were supported to engage in a variety of activities that were of interest to them, for example [to name but a few], arts and crafts, board games, exercise classes, quizzes, riddles, word play, pizza making, reflexology, aromatherapy, socialising with people from the provider's other homes, visits to Cannon Hill park, bowling and garden centres. We also saw that people had recently returned from a week's holiday together and enjoyed accessing the community on a regular basis. A member of staff told us, "[Person] likes to have your full attention, so we take them out on a one to one arrangement, they enjoy the conversation." This person told us, "Staff are ok, nice and take me out." People were encouraged to do things they enjoyed including going out on a regular basis and accessing the community. For example, one person volunteered on a weekly basis to help out with coffee mornings at a centre for the blind. A member of staff told us, "We encourage people to go out; [person's name] may say they don't want to go out, it has to be on their terms, but if you get an idea into their head they may change their mind later, and once out, they really enjoy it." A relative explained how a birthday party had been arranged at the home for a family member of another person who lived at the home. They told us, "They did a birthday cake, a party and bouncy castle. When it was my birthday they got a cake for me as well. I think they are brilliant here, I couldn't say anything bad about them."

On the day of the inspection we observed a number of people taking part in an exercise class in the garden. The person conducting the exercise session told us they visited the home on a weekly basis to provide the activity. They said, "It's a lovely home. I know the people here quite well. Staff are great in helping to get people involved and encouraging them. Some people are more capable than others, but all join in. It's nice because the staff join in as well and will step in and help with any issues straight away. They don't just stand there and watch." Later in the day, some people chose to go to a planned barbeque which was taking place at one of the provider's other homes and another person was being supported to attend 'singing for the brain' which was an activity provided by the Alzheimer's Society.

A relative commented, "I visit often, but if I can't make it one day I don't feel upset, there's always something going on." Another relative said, "[Person] plays games, goes to the shops, they don't want to go to another home." We saw that there was an activity/therapy room available for people to use, which was self-contained and had a small kitchen and toilet. A member of staff told us, "Some of our residents like it because it's quiet." The room was used for one to one activities with people and also provided them with somewhere private to meet with visitors, outside of their bedroom. The room had been equipped with a number of activities and items of interest for people living at the home and their visitors. The effort that had been put into this meant that people were able to engage in activities with their loved ones during their visits, making it a more enjoyable experience for both parties.

People told us that staff knew them well and we observed this. One person told us, "If I want something they [staff] will get it for me." Staff demonstrated a comprehensive knowledge of the people living at the home, their preferences, aspirations and how they wished to spend their day. The registered manager told us, "We have a good skill mix, I identified [staff member's name] to work here as they have a lot in common with [person's name]". Care plans seen detailed people's long and short term goals and how staff were going to support them to achieve these. We saw one person's care plan held photographs of how they like to have their hair styled. Staff were aware that one person enjoyed being physically active and taking part in a number of sports. We saw care plans were reviewed regularly and people and their relatives were encouraged to contribute to these reviews. A relative told us, "We haven't had a [formal] meeting [about person] as yet, but whenever I'm here they speak to me and if there's a problem they will ring me. If [person] wants something they will go through the steps to get it for them. It's brilliant."

One person told us, "If I'm not happy I would go to the office" and another said, "If I was unhappy I would speak to [staff's name]." Relatives told us they had no complaints and were complimentary of the service. People told us they were aware of how to make a complaint and all spoken with were confident that any concerns raised would be dealt with appropriately. No complaints had been received but there were many compliments about the service and the care provided. We saw that during the recent week's holiday, a member of the public had taken the time to put in writing, how impressed they were with how care staff supported people. Their comments included, "They [people] were having a lovely holiday and had several carers with them who gave the very best of care, nothing was too much trouble and all care was given with the greatest of love and patience." We saw that people were asked their opinion of the service through a variety of ways, including surveys. One person told us they had completed surveys asking them if they were happy with the care they received. Completed surveys seen contained positive feedback from the people living at the home. One person had written, "I love living here." We observed that staff constantly checked that people were happy with the care and support they received and the activities they were participating in.

## Is the service well-led?

### Our findings

We received many positive comments about the service. People were complimentary of the provider, registered manager and staff group as a whole. Relatives told us they would recommend the home and we received the following comments; "I think they are brilliant here, I wouldn't say anything bad about them", "I'd come here. There is no pretence, you can come anytime; it's always the same", "[Registered manager's name] is really nice and I've met [provider's name]. If I ring up they will tell me what's what and we can have a laugh", "They [staff] have gone completely out of their way to support [Person]" and "It's just like one family." A member of staff told us, "[Registered manager's name] is really lovely; any issues and she gets right on them. I would be very happy for a relative to be here".

There was a culture of ensuring people's needs came first and every effort was made to support people to retain their independence, have a good quality of life and be cared for by staff who understood their needs. A member of staff told us, "They [people] are human beings and they can do what they can and I like to help them keep on going." We saw many examples where the service had gone above and beyond to support people to access additional support, to pursue activities they enjoyed and to maintain positive family relationships. It was clear from the feedback we received from people that this service tailored itself to the needs of the people living at the home. The provider told us, "If people deteriorate we have the option for them to move to Southside [one of the provider's other homes]. It's a home for life. We try to keep people for as long as possible."

The provider told us they felt their biggest achievement was learning about the people they supported and having a good understanding of their needs, but also being aware that people needed to be supported to take risks sometimes in their lives. For example, taking people on holiday. They told us, "Taking people out of their familiar environment can have an impact on their wellbeing that is very positive. We are lucky that we have staff who are happy to assist in this and we don't take it for granted. It helps staff see another side to people, shows them people can and want to do things and enjoy their life."

People were supported by staff who were proud to work at the home and were highly motivated. One member of staff said, "I would definitely recommend it. Staff and residents are happy; I love to see people going out and support themselves. No one is left behind. It is such a nice place to work." Other comments from staff were; "I feel supported and I have good relationship with all my colleagues", "I want to give people the best possible life and they do really well here. It's a really lovely home, quite nice and relaxed." Staff told us they felt well trained, supported and listened to and that the registered manager and the provider were approachable. One member of staff told us, "I've been given the opportunity to do other training to increase my skills" and others spoken with confirmed this to be the case. There was an emphasis on ensuring staff were well trained in order to meet people's needs and if additional training was required, it was sourced. The provider told us, "We are taking on apprentices and finding success at training people ourselves."

Both the registered manager and the provider held a detailed knowledge of the people living at the home and their needs. Communication systems in place enabled both to be kept up to date with what was happening in the home on a daily basis, which meant that when staff went to either for advice or guidance;



both were able to provide informed support. A member of staff told us, "I can phone anyone, I feel quite confident enough if I didn't know anything I wouldn't hesitate to speak to them [registered manager and staff] and [provider's name] and they are both on call 24/7."

We saw that staff meetings and regular supervision provided staff with the opportunity to discuss any issues or concerns they may have. A member of staff told us, "During staff meetings, I can make suggestions and talk things through. Everything runs really smooth and the girls [staff] know what they are doing" and another said, "The support I get from [registered manager's name] has made me feel like I progressed and I can do this and it's nice."

People and staff all told us that the management team were approachable. The registered manager said, "My door is always open." We saw that the main office was located in the centre of the home and benefitted from large windows opening onto the open plan communal area of the home. We saw efforts were made to make the building more homely. For example, areas that would normally be locked or have a key code entrance on them i.e. the medicine room or room holding cleaning fluids, had entry by way of a discreet fob system which the provider told us, it made the home 'less institutional'.

The provider owned a number of other services. The registered manager told us that part of their assessment of the quality of the service provided was to carry out 'mock' inspections of each other's homes based on the CQC key lines of enquiry. The registered manager told us, "It takes a whole day and you speak to staff as well. It's quite a good experience and you get to see each other's services and make sure we are doing the same thing." We saw evidence of these audits and where any areas of concern had been identified, action plans were in place. For example, the registered manager had introduced a number of health and safety checks that were conducted across the home every morning, to ensure the safety of the people living there.

The provider told us in their provider information return [PIR] that they conducted a number of audits on a regular basis to assess the quality of the care provided and we saw evidence of this. This included ensuring the provider was meeting the requirements of the regulations, for example, if any incidents had occurred in the home and the commission or the local authority needed to be notified, checks were in place to ensure the correct paperwork was completed and the right people were informed. We saw any accidents or incidents were analysed and actions taken where lessons were learnt. Where areas for improvement were noted, we saw action plans were in place. She told us, "It takes a whole day and includes observations; we monitor and speak to staff. It's quite a good experience to get to see each other's services and we make sure we are all doing the same thing." We saw action plans were in place to address any areas for action that had been identified.

The provider had notified us about events that they were required to by law.