

All About Care Limited

The Hailey Residential Care Home

Inspection report

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Herne Bay
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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 Hailey Residential Care Home provides accommodation and support for up to 36 people who require support with their mental health. The provider was in the process of extending the property to incorporate four new en-suite facilities with a separate kitchen area.

The service is located on the seafront at Herne Bay with views across the sea. There were 35 people living at the service at the time of the inspection. The care and support needs of the people varied greatly.

People were independent and able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out on their own if they wanted to.

There was a registered manager working at the service. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager had been in charge at the service for a long time. They knew people and staff well and had good oversight of everything that happened at the service. The registered manager led by example and promoted the ethos of the service which was to support people to achieve their full potential and to be as independent as possible. The registered manager made sure there were regular checks of the safety and quality of the service. They listened to people's views and opinions and acted on them.

People received personalised care and support in a way that suited them best. A lot of the people and staff working at The Hailey had been there for many years. Positive relationships had developed. Staff knew how to support people with their day to day needs and how to develop people's independence and skills. This continuity of care and support resulted in building people's confidence to enable them to make more choices and decisions themselves and become more independent.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative/representative had been involved in planning people's care. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way and in the way that suited them best. People had regular reviews of their care and support when they were able to discuss any concerns or aspirations and goals they wanted to achieve. The care plans did need to be further developed to include this information so people and staff could identify what had gone well and where more support was needed.

People were satisfied with the care and support they received. Potential risks to people were identified and guidance on how to safely manage the risks was available. People received the support interventions they

needed to keep them as safe as possible.

Planned and spontaneous activities took place regularly. People had choices about how they wanted to live their lives. People were involved in activities which they enjoyed. Contact with people's family and friends who were important to them was supported by staff. People's individual religious preferences were respected and staff supported people to attend church services and meetings.

There were sufficient numbers of staff to meet people's needs. There were robust staff recruitment procedures to ensure staff were suitable for their job roles. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. There was a training programme, including induction training in place to ensure that all staff received the basic and specialist training they needed to ensure they had the skills and competencies to care and support the people.

People received care and support from an experienced, dedicated team of staff that put people first and were able to spend time with people in a meaningful way. Staff received regular one to one meetings with the registered manager and an annual appraisal to discuss their training and development needs. Staff were supported by the registered manager and felt able to raise any concerns they had or suggestions to improve the service.

Staff understood how to protect people from the risk of abuse. Staff had received training on how to keep people safe. They were aware of how to recognise and report safeguarding concerns both within the service and outside agencies such as the local authority safeguarding team. Staff were confident to whistle-blow to the registered manager if they had any concerns, and were confident that appropriate action would then be taken.

People had an allocated keyworker who was involved in their assessments and reviews. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Throughout the inspection people were treated with kindness and respect. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. No DoLS applications had been made to the relevant supervisory body in line with guidance as no-one required one.

People said that they enjoyed their food and it was always of a good standard. They said there was plenty of choice and the portions at meal times were good. They told us they had involvement in the menu to ensure they had their favourite foods.

People received their medicines safely and when they needed them. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The complaints procedure was available and assessable. People were confident to raise issues and felt comfortable in complaining. They told us they were listened to by the registered manager and staff and action was taken to resolve any issues. People had opportunities to provide feedback about the service

provided both informally and formally. Feedback received had all been very positive.

Staff were aware of the visions and values of the service by providing person centred care and treating people with dignity and respect. Staff and people told us that the service was well led and that the registered manager was supportive and approachable. There was a culture of openness and transparency within The Hailey.

The provider ensured that the maintenance of services, Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency, however some people did not have a personal emergency evacuation plan (PEEPS). This was an area for improvement.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, however these were not always formally recorded and action plans did not always show detailed action to be taken to achieve the improvements. The registered manager was aware they had to submit notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Staff had taken the action needed to keep risks to people to a minimum. Risks were managed so people were not restricted in any way.

Staff knew the signs of abuse and how to report any concerns.

There were enough staff to meet people's needs and staff were checked before they started to work at the service.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective

There was a training plan in place to ensure that staff had the knowledge and skills to meet people's needs. Staff received individual supervision and an annual appraisal to address training and development needs.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

When a people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke very highly of the staff and the registered manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy and dignity was respected.

Is the service responsive?

The service was responsive

People received the care and support they needed to meet their individual needs. Staff treated people as individuals, recognising their preferences and likes and dislikes.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns and any complaints and concerns were addressed and responded to appropriately.

Good ●

Is the service well-led?

The service was well –led.

There were systems in place to monitor the service's progress using audits and questionnaires. However these were not always formally recorded. Action plans did not always show detailed action to be taken to achieve the improvements.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People were encouraged to give their views and feedback about the service. They felt listened to and had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

Good ●

The Hailey Residential Care Home

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 31 March 2016 and was unannounced. It was carried out by two inspectors.

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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met all of the people living at the service and had conversations with seven of them. We spoke with five members of staff and the registered and deputy manager. We also spoke with two relatives and a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke with and engaged with people and the visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed five care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 16 October 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us they felt safe living at The Hailey. Some people had been at the service for many years. People said, "The staff make sure we are safe, they test the fire bells regularly and then make sure we are alright". "Yes I do feel safe here. I know there is someone around 24 hours a day that makes me feel safe", "The staff look after us well and make us feel safe". "The staff remind us to lock our rooms so that everything is safe". "I really like my keyworker, I trust her a lot".

People said that if they were not happy with something they would report it to the registered manager. They were confident that they would listen and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Referrals had been made to the local safeguarding authority when safeguarding incidences had happened. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was readily available to people and staff on notice boards about what to do and who to contact if they were concerned about anything. Safeguarding and how to keep safe was discussed in residents meetings to make people understood about abuse and what they could do to if they were concerned about anything.

People were protected from financial abuse. People signed to confirm they had received their monies and they were encouraged to manage their money as independently as possible. Clear accounts of people's money were kept and were monitored by the registered manger or deputy manager. The majority of people looked after their own money and spent it on whatever they wanted. People talked about how staff helped them to budget and save for special occasions or purchases. Money was kept safely. People could access the money they needed when they wanted to.

Potential risks to people were identified, assessed and managed to reduce the risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the service or in the local community. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. Most people were able to go out on their own. Some people had risk assessments in place to inform staff of what action to take if a person did not return to the service by a certain time. This guidance had been followed by staff when people had not returned. The risk assessments had information for staff on how to respond to people's potential anxiety and behaviour. The care plans gave information about a person's behaviour and identified the triggers that might result in behaviour. There was guidance and steps on how to minimise or prevent this from occurring.

People who had diabetes checked their blood sugar regularly with support from staff. There was guidance to tell staff what to do if a person's blood sugar was too high or too low. There was information for the signs staff should look for if a person's diabetes was becoming unstable and what action they should take to try

and prevent this from happening.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences. When it was identified that one person's risk of falling over had increased it was found that the falls occurred while the person was coming from or going to their bedroom on the first floor of the building. A discussion took place with the person and their representative and it was decided that the person would be safer in a ground floor room. The person agreed with this and moved bedrooms. The outcome was they had not had any more falls.

There were robust systems in place to ensure staff were recruited safely. The majority of records were electronically stored, they were up to date and in good order. All the relevant safety checks had been completed before staff started work and application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment was recorded and other safety checks had been completed including Disclosure and Barring System (DBS) checks and health declarations. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and an interview check list was completed to ensure that correct recruitment procedures had been completed. Successful applicants were required to complete an induction programme and probationary period.

People said that there was enough staff working at the service to support them. One person commented, "Staff are always around when we need them". The duty rota indicated that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. The rota showed that additional staff were on duty at key times such as meals times and when people needed support with activities or outings. Staff were available to escort people to appointments, if people requested it. Staff were available to supervise and support people to meet their needs and ensure their safety. Staff told us there were sufficient staff on duty at all times and the rota showed that staff worked as a team to cover for sickness or annual leave. On the day of the inspection the staffing levels reflected the number of staff on the duty rota. As well as care staff there were sufficient domestic and maintenance staff on duty to ensure the premises was clean and well maintained.

The provider had a business continuity plan in place to deal with emergencies, such as fire or flood. An on call system, outside of office hours, was in operation and staff told us that the registered or deputy manager was always available for support and guidance. Not everyone living at the service had a 'personal emergency evacuation plan' (PEEP), to give staff guidelines on how to move people out of the home in the event of an emergency. The registered manager told us most of the people living at the service were capable of leaving the building but assessments would be completed for each person. This was an area for improvement. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. Staff and people were regularly involved in fire drills to make sure people were aware of how to leave the building safely in case of a fire. The registered manager had also made an arrangement with the other service run by the same provider where people would go if they needed a safe place to stay.

Regular health and safety checks of the environment and equipment had been carried out. There were records to show that equipment and the premises received regular checks and servicing, such as checks of the boiler, electrical system, and temperature of the water. The premises were well maintained with regular maintenance work being carried out. At the time of the inspection there was an extension being built to accommodate four additional bedrooms. This area was sealed off and not a health and safety risk to people. People were aware of the additional rooms and told us this had been discussed with them.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. People told us that they received their medicines when they should and felt staff handled their medicines safely. Staff had received training in medicine administration, which was refreshed every year. This was followed by a test to check staff knowledge and understanding of the training. Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'. People were only given medicines for their behaviours as a last resort. People received this type of medicine on very rare occasions. People were monitored for any side effects.

People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperature checks of the room where the medicines were stored were taken daily and recorded to ensure that medicines were stored at the correct temperature to ensure the effectiveness and quality of the medicines used. The registered manager told us that there were currently no controlled drugs on the premises but when there were, there were clear procedures and auditing systems in place. Some people were supported to take their medicines independently. Risk assessments and plans had been developed to make sure this was done safely. Some people had diabetes and had daily insulin injections. People gave their own injections and were observed and supported by staff to do this. Other people were given their medicines to take on a daily basis and these were stored in a secure place in their room.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people's care and support. Staff told us, "We get everything here from the registered manager and the deputy. It's the best home I have worked in. I would have no qualms in my relatives being here, if they needed it".

The training programme ensured that staff received the basic and specialist training they needed to support people. Training courses were held monthly in the head office training room so that staff had the opportunity to keep their training up to date. In addition to basic training staff had received Mental Capacity and Deprivation of Liberty (DoLs) training. This ensured that staff had the skills and knowledge they needed to look after people in the best way. Staff told us that the training programme was effective and one member of staff told us how they enjoyed the recent mental health training course. Other training included diabetes training, challenging behaviour, mental health and equality and diversity. The head office kept computerised training records which showed when training had been undertaken and when 'refresher training' was due. The majority of staff had had completed vocational qualifications in health and social care or were in the process of being registered to complete the award. These are work based awards that are achieved through assessment and training. To achieve vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

New members of staff completed a full induction programme which included shadowing more experienced members of staff to get to know people and their routines. Staff told us that they completed an induction and they felt very well supported by the registered manager and staff. Staff received regular one to one meetings and a yearly appraisal from the registered manager. This gave them the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. Staff told us that the management team were always available for guidance and support to enable them to carry out their role effectively.

Staff told us how they always asked people for their consent before supporting them with their care and support. We observed that people were always asked for their consent when staff spoke with them. They offered people choices of what they wanted to do, and what they wanted to eat and wear. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of the inspection there were no people who had a DoLS authorisation in place because they did not need one.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves, and had received Mental Capacity and DoLS training. They were aware of the legislation and how decisions were made in people's best interests.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. People were supported and encouraged to have routine screening tests to make sure they remained as healthy as possible.

We received feedback from a health care professional who was involved with the service. They told us that their experience of working with the people and staff at The Hailey was a positive one. They had witnessed people being treated with respect and dignity. One professional told us, "The staff are very good here. They listen to what we say and take action. They contact the local team mental health team if there are any problems". They said that there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. They told us that the staff asked for advice and support if they are unsure how to manage certain situations and in regard to more complex mental health issues.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People told us, "The food is very good". "The food is lovely every day". "I really enjoy the way the food is cooked". "I like mixed grills and we have that sometimes". "We have breakfast, lunch and supper and snacks when we want". The cook had worked at the service for 24 years and knew all the people and what food they liked and did not like. They said, "I wouldn't work anywhere else".

People told us how they chose what they liked to eat and menus were discussed during meetings so that everyone had an opportunity to voice their opinions and choices. People said they were able to request alternatives to the meals on offer if they did not like what was on the menu. At lunchtime there was a choice of two meals and people were encouraged to go to the trolley to pick what they wanted. Meal times were sociable occasions. The atmosphere was relaxed and people were observed enjoying their meal, chatting to staff and each other. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. Some people had coffee making facilities and fridges in their rooms so they could be more autonomous and independent. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff made sure they had snacks throughout the day to make sure they had enough calories to maintain their weight to remain as healthy as possible. People were supported to put on weight or loses weight if they needed to. Some people had specific health needs like diabetes and staff positively supported them to

manage their diets to make sure they were as healthy as possible.

Is the service caring?

Our findings

A lot of the people at the service had been there for many years. They said they were very happy living at The Hailey. People told us, "I lived here for many years and it is smashing now, lovely, good carers, good manager and the food is good" and "Before I came here I was in hospital for a long time. It is beautiful by the sea, wonderful. The staff are saints".

Relatives said, "The staff are always very welcoming. If there are any problems they always get sorted out" and "It was hard for my relative to settle at other places but they love it here. It's been a god send. They get on really well with their keyworker and they have supported my relative to do things I never thought they would do". A visiting professional told us, "The management and staff are very caring and respectful. They support people to be as independent as possible".

The registered manager, deputy and staff, demonstrated an in depth knowledge of people and their needs. All staff spoke passionately about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff were committed to provide personalised care to each person. Staff made sure that people were involved in their daily routines, what they wanted to do and achieve during the day. Staff took time to listen and supported people to make arrangements for the day. Some people were going out shopping; others watched the television or went to social activity clubs.

Staff told us that they enjoyed working with the people living at The Hailey and this was demonstrated by their commitment to providing people with the support they needed. They were knowledgeable about people's life experiences and supported people in line with their different personalities. Staff gave people the time to say what they wanted and responded to their requests. There was a lot of light hearted warm interaction between staff and people.

There was a relaxed, calm and community atmosphere at the service. People were comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs. People helped each other; they went shopping together and would also get shopping for other people who lived at the service.

People's independence was supported and most people went out and about as they wished. People told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible.

Throughout the inspection exchanges between people and staff were caring, respectful and professional. People were included in conversations and staff explained things to people and took time to answer people's questions. People told us how everyone was involved at the service, the owner, management and staff. They said, the owner visited regularly and spoke with them about the service including the new

extension to the premises. They said they could have a laugh and joke with him and that he was very involved in everything.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People were addressed by their chosen name and told us they got up and went to bed at the times they wished. Staff spoke with people in a friendly and pleasant manner. Staff knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. One member of staff told us: "Everyone, staff and clients get on well; we all respect and like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly. Everyone in the service was respectful to each other.

People's rooms were personalised with their own possessions, they had their own things around them which were important to them. Each person had a key to their room and were able to come and go as they pleased. One person told us how they were thinking about having a fridge in their room to keep snacks and drinks.

People's religious beliefs were supported. The service had developed links with local church groups and people attended church if they wanted to. The clergy also visited the service. People said they found comfort in this.

People who needed support to make decisions about their care could be supported by the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. There was assessable information about local advocacy services that people were aware of and used.

People had opportunities to express their views about the service. There were regular meetings with the registered manager to discuss the care and support they were receiving. The last meeting included discussing the menu, fire procedures and safeguarding. People were asked if they were satisfied with the service and did they feel safe. Everyone had responded positively and said they felt safe and were happy with the service.

Staff involved and supported people in making decisions about their care. People said that they were involved in planning their care. They told us staff sat with them to discuss what care and support they wanted and what they did not want. They said they were involved in everything that happened at the service. One staff member told us, "We sit down with people and look at their care plans together and really try and support people to make decisions. We encourage people to make decisions for themselves". Staff understood about person-centred care. One staff member told us, "We believe that it's about putting the residents at the centre of what we do. We work around the people and what they want."

People told us that they could see their visitors in private if they wished. Visitors were made welcome in the service and were able to visit whenever they wanted to. A relative told us that they took part in planning their relative's care. They said they were able to discuss any issues that concerned them. They said, "The staff always contact me if they notice any changes or if they have any concerns."

People's personal information was stored safely and securely.

Is the service responsive?

Our findings

People said, "We are thoroughly spoilt here. I get on ever so well with the staff and the other clients" and "Staff always bring a cup of tea in bed if I am ill. They know how to look after me." Relatives said, "The staff know exactly what to do if there are any problems. They act quickly before things escalate". "My relative used to refuse to go out. The staff slowly built up their confidence and supported them to go out in the car. They really enjoyed it". "My relative sent a Christmas card and a Mother's day card. They have never done that before. They have become a different person since they moved here".

Before people first came to live at the service they had an assessment which identified their care and support needs. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at The Hailey. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff the information about the person and how to care and support them.

From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. Some care plans could be further developed to identify goals and aspirations and promote independence. One care plan identified that a person had a behaviour that could impact on other people. The care plan did not give full guidance the staff should take to try and prevent this from occurring and what to do if it did occur. This is an area for improvement. Staff were able to explain how they would respond and the action they would take to take. The registered manager told us that they were going through all the care plans with people to make them more person-centred and meaningful.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action.

People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the day of the inspection people could choose how they spent their time, the food they wanted and social activities.

People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives said they felt welcomed when visiting the service. They visited frequently and were very complimentary of the care given

to their relative.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. People had meetings with their key worker at least once a month to review their care and say what they wanted. People talked mainly about activities that they would like to try and events they would like to go to. People were deciding where they wanted to go on holiday this year. Staff were supporting people to arrange their holidays.

People confirmed that there were activities that they were supported and encouraged to take part in. Most people could go out on their own and came and went as they pleased. Other people needed support when they went out. Organised events and outings were displayed on the notice board so people could decide what they wanted to do. They were opportunities to go on trips or attend yoga sessions. One person told us about the voluntary work they did at a local charity shop. Other people had done educational courses and gained qualifications in topics like food hygiene, maths and English. People said that they were encouraged to go out and shopping trips and visits to local places of interest were arranged. There were links within the local community, and people were supported to attend churches if they wished to do so.

There were systems in place to ensure that any complaints were responded to appropriately. Staff felt confident to pass any complaints they might receive to the registered manager. Records showed that all concerns had been recorded with actions that had been taken to resolve the issues. People said that staff listened to their concerns and they were confident to raise any issues or complaints. Staff told us that people were confident to tell them when something was wrong and knew that if any issues were raised they would be dealt with quickly. People told us that when they raised issues such as the food not being on time, prompt action had been taken to resolve the issue.

People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. During the inspection the door to the registered manager's office was always open and staff and people casually came in and out of the office to ask questions or seek reassurance. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

The complaints procedure was available to people and written in a format that people could understand. This was also displayed on the notice board so that everyone would be aware of the process. The complaints policy was in the process of being amended to include the details of how to complain to the service or other agencies if required.

Is the service well-led?

Our findings

People told us they were comfortable with the owners, registered manager and the staff. People said: "The manager is good here, much better since she came". "The door is always open in the manager's office. Staff said, "There is a lot of investment going into this service. There is no lack of input or money from owner. It's excellent here". They said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. People told us the owner was always 'popping in' and having a chat. They said the owner asked them their views about things.

Staff morale was high and they told us how they worked well together over a number of years. They said: "We are a happy staff group here". "The staff do a good job here, we are very good at communication and everything that needs doing is done". "The management are very supportive and take notice of what we say". "The managers and owners know the people and are a 'hands on' team".

Relatives said they had been treated excellently by all the staff. The registered manager and staff were committed to providing personalised individual care to people living at The Hailey. They had all worked in the service for several years and had a lot of experience in this sector to ensure that people received a good quality of care. The registered manager knew people well and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with a good staff team and management support.

There were links with the local and wider community and people had friends locally. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support.' Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management.

People were encouraged to be involved in the service through regular meetings, and events within the service. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. At the last staff meeting in January 2016 staff were given safeguarding questionnaires to complete. This checked that they had a good understanding of how to keep people safe and what procedures to follow. Staff said there were always opportunities to discuss issues or to ask advice to keep their practice up to date.

Staff were encouraged to voice their opinions through staff meetings, one to one meetings with the registered manager and staff surveys. There were handovers at the start of each shift and communication books to ensure that staff were up to date with people's current care needs. Staff told us that communication was effective between management and staff which enabled them to work well as a team. The registered manager or deputy manager were 'on call' at all times to ensure that staff had the support they needed outside of office hours.

The registered manager and provider carried out quality assurance checks to monitor the quality of the service provided. The provider visited the service regularly and during the last visit in January 2016 it was noted there was a problem with a carpet and this had been replaced. The registered manager and staff told us that the provider was always supportive and available, if they needed to discuss anything and prompt action was taken to their requests.

Checks had been made on the medicines and the deputy manager had contacted the local pharmacy with a query, however this had not been formally recorded to show this error had been recognised and what action had been taken to resolve the issue. This was an area for improvement. Health and safety checks had been recorded which included all areas of the service. The registered manager reviewed the care plans monthly to make sure they were being completed properly and updated.

The registered manager sent out satisfaction surveys to people, relatives, health care professionals and staff. The results of the questionnaires were positive and people said the manager was always willing to listen to any problems they had and do their best to help where they can. Relatives had responded to the surveys and all comments made were positive. They were satisfied that the staff had an excellent knowledge and understanding of the service. Health care professionals commented: "The home is always very open, friendly and helpful to support people's needs". "Staff are excellent and friendly".

When people had made comments or suggestions an action plan was put into place to address the issues. Although the plan identified the issues, how this action was to be achieved was not detailed to show what exactly was being put into place to monitor that improvements had been made.

Staff understood the visions and values of the service. They explained how people came first, how they were treated with utmost respect and their privacy and dignity was maintained. Staff were clear about their roles and responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.