

Mrs Carol Ann Hill

Hillside

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 3 and 4 December 2015 and was unannounced.

Hillside provides residential care and support to five adults with learning disabilities and enables them to maintain their own independence. The service is situated in the suburbs of Wellingborough, Northamptonshire. There were five people using this service at the time of our inspection.

The service had a registered manager who was also the provider. 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.

There was a good emphasis by the provider and staff on protecting people from possible harm. Staff knew how to report any concerns about people's welfare to the appropriate authorities. People were provided with information in an easy to read format and were aware they had an independent advocate who they could raise any concerns with. The staff team were passionate about

Summary of findings

providing people with positive and different experiences. They made this possible by respecting people's choices and then supporting them to take positive risks to achieve their wishes and aspirations.

We found staffing levels at the service were appropriate for the number of people living there. Some people who used the service required one to one support and we saw this was provided.

There were safe recruitment procedures in place. All staff were subject to a probation period and to disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way. We also saw that people using the service and relatives had been included in some areas of training. People's consent to care and treatment was sought in line with current legislation. All staff were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

People told us that with support from staff, they received a wholesome and balanced diet. As part of their independent living skills and development, all were supported to prepare and cook meals for each other on a daily rota basis. People told us the food was varied with options always available. Everyone was involved with menu planning and to support family orientation within the service, people and staff ate their meals together. There were regular reviews of people's health and the service responded immediately to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

The staff team were passionate about providing a service that placed people and their families at the very heart of

the service. Staff were intuitive and they were able to anticipate what people wanted and responded appropriately to them. We saw examples of creative care that helped make the service a place where people felt included and consulted. Care plans were detailed; person centred and clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was pictorial and was easy for people who used the service to understand. We saw evidence to demonstrate that people were fully involved in all aspects of their care plans and service delivery.

The service had an independent advocate who visited the service weekly where people who used the service could gain independent advice and support if they required it as well as encouraging people to speak out about things that mattered to them. We found that people had the opportunity to influence who delivered their care and/or support and were involved in the recruitment process. People were able to spend private time in quiet areas when they chose to. Staff provided support that was based on mutual respect and equality. As a result, people felt really cared for and that they mattered.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that people's care and support was planned with them and not for them. The service was flexible and responsive to people's individual needs and wishes. People were supported to attend a range of educational, occupational and leisure activities as well as being able to develop their own independent living skills.

The provider had an effective pictorial complaints procedure and people were supported to use this with the support of an independent advocate. Staff were responsive to people's anxieties and concerns and acted promptly to resolve them.

The provider had effective quality assurance systems in place, which was based on seeking the views of people, their relatives and other health and social care professionals. People who used the service also took part in this process. There was a systematic cycle of planning,

Summary of findings

action and review, reflecting aims and outcomes for people who used the service. The staff were highly committed and found innovative ways to provide people with positive care experiences.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff had the skills and the ability to recognise when people felt unsafe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were risk management plans in place to promote and protect people's safety.

Safe and effective recruitment procedures were followed in practice. Staffing levels were flexible and staff were provided in sufficient numbers to promote people's safety.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

This service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff confidently make use of the Mental Capacity Act 2005 and the Mental Health Act 1983 and used innovative ways to make sure that people were involved in decisions about their care so that their human and legal rights were sustained.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

This service was very caring.

We saw that staff interacted with people who used the service in a kind and sensitive manner. They showed compassion and humour was used appropriately with people.

Relatives of people who lived at the home told us the staff were exemplary in how they treated people. Staff supported people to maintain regular contact with their families.

People who used the service were also involved in the interviewing of potential staff members. This was good practice as people had greater control and influence over who they wanted to support them. The provider excelled at ensuring staff who worked at the service were caring, kind and compassionate.

The service has a strong, visible person centred culture and was very good at helping people to express their views so they understood things from their points of view.

Outstanding



Is the service responsive?

This service was responsive

Good



Summary of findings

People's care and support was planned proactively in partnership with them. Staff used creative and individual ways of involving people so that they felt consulted, empowered, listened to and valued.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The arrangements for social activities met people's social needs and enhanced their sense of wellbeing.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

This service was well-led.

Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The provider reviewed the way they worked in order to improve how people's needs were met.

There were effective and comprehensive audits undertaken by the provider. People who used the service were also involved in this process.

The service was committed to putting people at the centre of the care they received and included people in the decision making process. Their voice was used in making improvements to the service.

Good



Hillside

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 3 and 4 December 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with three people who used the service in order to gain their views about the quality of the service provided. We also spoke with three relatives, an independent advocate, two care staff and the registered manager/provider to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People using the service told us they felt safe living at Hillside. One person said, “It’s really, really, really good here. I am very safe here and so are my friends.” Another person told us, “We are all safe here. You don’t have to worry about that.” A relative told us, My [relative] is so happy and beams all the time and I think since living at Hillside feels safe and secure for the first time.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the manager would listen and take action. One staff member told us, “I would without a doubt report someone who was not treating people right. We have a duty of care to report these things and I would.” Another member of staff told us, “If I had to whistle blow I know I would be supported by the manager and would not worry about it.”

The provider told us there was a safeguarding policy in place and that staff received training in this area. We saw details of safeguarding and whistleblowing policies. These were available and accessible to staff. The procedures in place and staff safeguarding training helped ensure people were kept safe from harm. We were told by staff, and training records confirmed that all staff received annual training in relation to safeguarding; to make sure they stayed up to date with the process for reporting safety concerns.

There were robust systems in place to help people manage their finances and to protect their finances from possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording money received and money spent, with receipts provided for each transaction. In addition, we saw that people’s money was audited on a regular basis to ensure their money was handled appropriately.

Staff told us they were aware of people’s risk assessments and had been actively involved in contributing their knowledge of the people they cared for when the risk

assessments were reviewed. One staff member told us, “We sit down with people once a month and discuss their risk assessment. We make sure they understand why they are in place.”

The provider gave us examples of positive risk taking. For example, one person had a condition that meant they needed to be monitored closely at all times. However, this person asks for private time on occasions. The service has been able to facilitate this by assessing the risks to the person and devising an appropriate risk management plan. This showed the staff had a positive and flexible attitude towards risk taking.

Risks to people’s safety had been appropriately assessed, managed and reviewed. Each of the care records we saw had a range of up-to-date risk assessments. These assessments were different for each person and reflected their specific risks, with guidelines on how to keep people safe. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

We saw a process was in place to ensure safe recruitment checks were carried out before a person started to work at the service. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and references and disclosure and barring service (DBS) checks were obtained. They would also visit people at the service on an informal basis so that their views and opinions could be taken into account.

Records confirmed that recruitment procedures included checking references and carrying out disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent members of staff and to disciplinary procedures if they behaved outside their code of conduct. This meant that people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff to meet people’s needs. One person told us, “Yes there’s plenty of staff.” Another person commented, “There are always staff about to help us.” A relative said, “I have never known there to be a problem with staff. However many they need they will have.”

Is the service safe?

Staff agreed that staff numbers were sufficient and they never used agency staff. One said, “We will all volunteer to come in if someone goes off sick or we are short for whatever reason.” Another staff member told us, “I would rather come in myself than have to use agency staff. They don’t know the people who live here.”

We saw that people were responded to in a timely manner and people did not have to wait long for staff to attend to their needs.

The registered manager told us that depending on people’s community based activities, on some days, there could be as many as four staff on duty to support people’s care, treatment and support needs. This was confirmed when we looked at the staff rota. We saw that during the night, there was one waking night staff and another staff member who slept in at the service. There was also an on call system in place if staff needed extra support.

We found people’s medicines were well managed and in line with current NICE guidelines. One person told us, “Yes the staff give me my medicine.” Relatives we spoke with

had no concerns about their family member’s medication. One said, “I know the staff are very knowledgeable about my [relatives] medicines. I have even joined them in training.”

Two people using the service required a specific ‘as needed’ (PRN) medicine to control their condition. Records showed that they had been involved in medication training about their medicines.

The service had a medication policy in place, which staff understood and followed. We spoke with a member of staff who was able to describe the arrangements in place for the ordering and disposal of medicines. They described how they had detailed information about each type of medicine people had been prescribed as well as any possible side effects.

We checked people’s Medication Administration Records (MAR). We found they were fully completed, contained the required entries and were signed. We saw there were regular management audits to monitor safe practices. Staff told us and records confirmed that staff had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

People said they were supported by staff that knew them as individuals and understood their needs, and specific conditions. One person using the service said, “I am looked after very well. I don’t have to worry.” Another person told us, “The staff are very good. They look after all of us. They know how to help me when I need help.”

A relative commented, “My [relative] has a serious condition that could be life threatening. The staff go that extra mile to make sure everything is well managed. They are knowledgeable about my [relatives] condition.” Another relative said newly appointed staff were well trained and that the staff team were skilled in meeting people’s needs.

Staff were observed to have a knowledge of people’s needs and wishes which enabled them to engage with people in a way that people responded to.

Staff told us they had completed an induction training programme when they commenced work at the service. They said they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. Staff said that the induction training was thorough and one staff member commented, “The induction training helped me a lot. I didn’t have to work alone until I felt competent.” Another member of staff told us, “The induction was very helpful. I learned a lot and got to know the people who live here and how to meet their needs.” Staff told us they were expected to complete ‘The Care Certificate’ as their induction. The Care Certificate is a set of standards that staff working in health and social care are required to adhere to. The provider confirmed this.

The provider told us and records confirmed that all newly appointed staff received an induction to prepare them for working with people. They were required to achieve certain competencies before they completed their probationary period. We saw records which showed that newly appointed staff had completed an induction and their competencies had been assessed at intervals in the first six months of their employment. Records showed that staff were also trained in subjects relating to the needs of people who used the service. For example, the care of those with epilepsy and behaviours which could challenge others. Other training included first aid, food safety, health and safety, safeguarding, infection control, Mental Capacity

and Deprivation of Liberty Safeguards, fire awareness and the safe handling of medication. All staff were knowledgeable about their work and their understanding of meeting people’s needs.

All the staff told us they received supervision on a frequent basis and found these sessions productive and felt able to discuss any points they wished to. One staff member told us, “I get my supervision regular. I always find it useful.” The registered manager informed us that supervision was carried out on a regular basis and records confirmed this. Annual appraisals were also carried out for staff, to discuss their progress and any training and support needs they may have. Staff said the training and supervision they received was appropriate and helped them with their work.

We saw that staff understood the importance of gaining people’s consent before providing any care or support. We observed that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. We saw in the care records that consent was obtained for photographs and the sharing of information with other professionals. All of these records were signed by the person using the service.

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. The provider told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person’s fluctuating capacity.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person’s best interests. They respected people’s rights to make choices for themselves and encouraged people to maintain their independence. Staff understood mental capacity assessments could be undertaken to identify if a person could make their own decisions. This meant staff understood people’s rights to make choices and the action to take if someone’s mental condition deteriorated.

Is the service effective?

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider demonstrated a good understanding of Deprivation of Liberty Safeguards (DoLS). The service had three pending DoLS applications in place at the time of our inspection.

People were supported to have a balanced diet and adequate food and drink. One person told us, "Yes the food is really, really good. I love it. I go shopping and I help cook." Another person commented, "You get the best food here." A third person laughed and gave us the thumbs up when we asked them if the food was good.

People had access to snacks and drinks throughout the day and each person was supported to make healthy choices. The provider told us the kitchen was always open and accessible to everyone who used the service. All the people who used the service attended a weekly menu planning meeting to decide on the following week's menus, food shopping and preparation and cooking of the meals. We

saw there was emphasis on healthy eating and we saw that the service had achieved the Northamptonshire Heartbeat award. This scheme aims to encourage the provision and promotion of healthier food choices.

People were weighed regularly and then referred to health professionals if there was a substantial change in weight. The staff made sure people had enough to eat and drink by checking and recording what they had eaten each day. This allowed them to notice if people's appetite declined. Staff knew people's dietary preferences and restrictions.

People were supported to maintain good health and had access to health care services. One staff member told us, "The manager is very good at making sure people get all the support they need regarding their health needs."

We saw that each person had comprehensive assessments and care plans regarding their health. These were called Health Plans and were available in a pictorial format suitable for people who used the service. Records demonstrated that people had regular health checks with the dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapists when needed.



Is the service caring?

Our findings

People received care and support from staff that knew and understand their history, likes, preferences, needs, hopes and goals. We found that people were happy with the care and support they received. One person told us, "This is the best home in Wellingborough. You get the best here." Another person told us, "The staff are the best. They look after all of us." A relative commented, "My [relative] couldn't be in a better place. The staff just do it all naturally."

We saw that families were also treated with kindness and warmth. One relative said, "We are treated like family. We always get cards and flowers on our birthdays." Another relative told us, "I was worried about being able to manage my [relatives] condition when they came home. So [the provider] arranged for me to attend some training so I felt more confident."

We observed staff treating people with kindness, sensitivity and compassion. We saw they interacted positively with people; they were attentive, listening and responding to people, laughing and joking with them and giving reassurance if needed. People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done.

There was a homely atmosphere in the service and it was apparent that people felt at ease. The independent advocate told us, "[The provider] takes people into her own home like a family." A relative said, "The staff all go that extra mile and [the provider] treats them all like family and fights for them like a tiger with her cubs."

Staff told us that working on a one to one basis with people helped them to build up relationships and get to know the person as an individual and not someone who was just part of the service. One staff member told us, "It's just like a big family." Another staff member said, "Everyone except [name of service user] will be spending Christmas with relatives. [Service user] will be spending Christmas with me. He is really looking forward to it and so am I."

The provider told us that no one using the service would be admitted to hospital without a staff member with them at all times. We were provided with two examples of this. The first was for a person who had been receiving end of life care at the local hospital. Staff stayed with them 24 hours a day and provided all their personal care. On days when the person requested a bath two staff from the service

attended to their personal care needs. The provider also told us they would cook meals that the person liked and take them into the hospital for the person to enjoy. We were told that the person's family member still visited the service after their relative passed away and maintained close links with the people living there and the staff. The second example was recent where a person new to the service had to have minor surgery. Two staff accompanied them and stayed with them throughout, being in attendance before and after the procedure. The independent advocate told us, "[The provider] is very modest but she will do everything in her power to make sure people are cared for properly and with compassion."

We found that people had the opportunity to influence who delivered their care and/or support. This was achieved by potential staff members visiting the service informally before their interview and meeting the people who lived there. The staff would then ask people who use the service for their feedback, and their opinions and views were taken into account. This process gave people greater control about the type of person that supported them, for example having a male staff member with the same interests and hobbies. A relative told us, "[The provider] picks them [staff] especially so they all have the same values and beliefs. I really can't praise them enough. They are all handpicked."

People's personal preferences were assessed and recorded in care plans. These included the name the person preferred to be called and information about communication and important relationships. Care plans included sections entitled, 'All about me' and 'My dreams and wishes'. We saw that some people's wishes included a visit to the London eye, to go on a steam train, and 'to see my brother'. This showed that people were involved in the development of their care plans and in the decision making process. Staff told us that every month they sit down with people and discuss their care plans; they go through their risk assessments and update all their information. They focus on what has been achieved by people and discuss whether they feel their goals are being met. Review documents demonstrated this was a thorough process and not just a tick box exercise. These were also available in a pictorial format suitable for people using the service. The independent advocate said, "What impresses me the most is [the provider] always asks how can we make it as good as it gets. She listens to them and they have a voice."



Is the service caring?

The independent advocate told us they visited the service on a weekly basis to support people's decision making. They also said they supported people to complete service satisfaction surveys and assist with any other areas they may need support with. For example, we were told that two people who use the service had attended an epilepsy awareness course with the staff. They both asked the independent advocate to write a letter on their behalf to say how much knowledge they had gained and how useful the course had been to them. We saw that information about the service was available to people in pictorial formats and this included the complaints procedure, care plans and reviews and health action plans. We also saw that the independent advocate had worked with people to translate their Candour policy into an easy read and pictorial format and this was displayed within the service.

Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity. We saw that staff consistently took care to ask permission before intervening or assisting people with their care and support needs. People were able to exercise their right to privacy by

locking their bedroom door when they went out. Each person had their own bedroom with its own en suite bathroom, which also promoted people's privacy. One person told us, "I have my own bedroom, my own TV and I can go to my room to be on my own."

We found that the staff promoted people's privacy and dignity on an everyday basis. For example, we saw that staff knocked on people's bedroom doors, announced themselves and waited before entering. Staff spoke with people in a polite way, listening to them and then responding so that people understood them. One staff member told us, "We all know that we are all visitors in [service users] home and we behave with respect."

The provider told us about one person who enjoyed art. They also liked to have some time alone. The service was in the process of providing a small art studio in the garden so that the person could enjoy their hobby while also spending time alone in private. We found that staff understood this person's need for time alone and made provisions for this.

Is the service responsive?

Our findings

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. These were also available in a pictorial format. Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, “We try to get as much information as we can get. The transition can take a very long time. So the more information we have the easier we can make it for people.”

The provider told us, “When we assess people for admission we try to involve everyone in their care, with the person at the centre of their care. Their needs and wishes come first and foremost.”

Records showed that people and their relatives were involved in the assessment process and demonstrated that people's care and support was planned around their individual care preferences. For example, family members were able to provide detailed information about their relatives likes, dislikes and preferences. We saw that this information was used to develop transition, care and behavioural plans. In addition, family members often had detailed knowledge of what triggers may cause their relative to become anxious. Collating all this information before the person arrived at the service helped to make transition easier for them.

We saw that the care records for one person new to the service demonstrated that a very detailed and comprehensive transition plan had been completed. This included visits to the service and at the time of our inspection they were receiving one to one support to help them settle in. A relative for this person emailed us and commented, “Since arriving at Hillside my [relative] has received first class treatment especially in dealing with medical and health issues. To me, [relative] has become part of a family which he has missed out on for many years and now deserves to be part of a loving home.”

We found care plans were person centred with a focus on people's care, treatment and support needs, including their social, cultural, diversity values and beliefs. People's wishes, preferences, and their likes and dislikes were also recorded. We saw clear evidence that people's care and support was planned with them and not for them. The

service was flexible and responsive to people's individual needs and preferences. We found that the impact of this approach had a very positive effect on people and their feelings of self-worth. For example, one person had recently moved to the service. Prior to moving they had been isolated in their room because they had not felt safe, they had poor oral hygiene that was causing pain and a hearing impairment so were unable to communicate verbally. Following the initial assessment the person has visited the dentist and was no longer in pain. They have had new hearing aids and they are now able to communicate verbally. They no longer stay isolated in their room and when we arrived they opened the door to us, gave us a tour of the service and introduced us to all the people who live there and the staff. We saw that this person laughed and smiled all day. The person's relative commented, “There has been a big improvement in my [Relative]. At last he is being cared for properly.”

People were supported to engage with meaningful community based activities for example, occupation, pursuing hobbies, interests and attending events outside of the service. People told us they went to the theatre on a regular basis. One person told us, “I like to go out to the shops and to the pub for dinner.” Another person told us they attended an art class once a week and also liked to paint at home. People also enjoyed activities within the service. One person told us, “My favourite things are listening to music and watching films. I like to stay up late at night to watch my films.”

Staff told us they supported people to participate in activities of their choice. We saw that people had taken part in gardening, dog walking, cooking, the cinema, bowling, swimming and attending a dinner and dance regularly. One staff member told us how one person using the service had been supported to go on their very first holiday. They told us this had gone well and further holidays were going to be organised. We spoke with the person who had been on holiday and they commented, “It was good. Yes it was very good. I want to go again.” They also gave us two thumbs up to show they had enjoyed their holiday.”

The provider told us it was important that people had access to regular activities because it allows people to experience new things, promotes a good quality of life and helps the person to feel a sense of belonging and accomplishment. We saw people going out to their chosen

Is the service responsive?

activities on the day of our inspection. They were supported by staff and on their return told us what they had done. They spoke with enthusiasm about their activities.

The provider was responsive to feedback from people and their relatives. There were pictorial 'What we think about our support' surveys and the independent advocate helped people to complete these. These were based on the Care Quality Commissions (CQC) Key Lines Of Enquiries. (KLOE's). We looked at the most recent completed in October 2015 and found that people were very happy with the service they received. We also saw that the independent advocate had sat with people and discussed the results with them.

The provider responded to people's experiences and concerns to improve their quality of care. There were records of 'house' meetings where staff and people

discussed issues about life at the service. Relatives told us they felt able to raise any concerns with the manager. People told us they would make a complaint and one person told us, "I won't have to make a complaint because this is the best you can get." A relative said, "I could pick up the phone at any time of the day and I know [the provider] would have time for me, my worries and concerns. She would sort them out straight away." We were told that the independent advocate would also support people to make a complaint if they needed to.

Relatives told us they had a copy of the provider's complaints procedure. There was also a complaints procedure in pictorial format so people who lived at the home could understand it more easily. The registered manager told us there had been no formal complaints made to the home. We saw there was a system for recording and dealing with any complaints.

Is the service well-led?

Our findings

The service had a manager who was also the registered provider. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service if they knew who the manager/provider was. Comments we received included, "Yes I know, it's [the provider]." Another person told us, "[The provider] is the boss. She keeps everyone in line." All the relatives we spoke with knew who the manager was and praised her highly. One said, "You just couldn't get a better manager. All homes should be run like this one." Staff were also positive about the registered manager/provider and one commented, "The manager is lovely. It's like I've known them for a lifetime. It's not even work, it's like an extended family." Another staff member said, "The manager is very supportive and approachable. You couldn't get a better manager."

The provider promoted a culture that was well-led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved in decision making and people were empowered by being actively involved in decision making so the home was run to reflect their needs and preferences. For example, there were regular house meetings where people made decisions about activities and meals as well as regular meetings between individual people and staff members. In addition, there were weekly visits to the service by an independent advocate who supported people to make decisions. People were also involved in the recruitment of new staff. This involved prospective staff visiting the service where people had opportunities to ask the prospective candidates questions. Their feedback was taken into account when making the decision to recruit staff.

The provider's values and philosophy were clearly explained to staff through their induction programme and training. There was a positive culture at the service and among the staff team where people and staff felt valued, included and consulted. One staff member said about the provider's values, "We all think in the same way. Providing the best care is what we all strive for." This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

There was effective communication between staff and the provider. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service which was encouraged at supervision and staff meetings. One member of staff told us there was a culture that made staff feel comfortable about expressing their views and opinions about the service. The provider updated staff on policy developments such as changes to the safeguarding procedures and any best practice guidance that was applicable. We saw this recorded in the minutes of the staff meetings.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed and these were undertaken by the provider and some were completed by people using the service with the support of the independent advocate. These included checks of medicines management, incidents, accidents, risk assessments, the environment and nutrition. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. Care plans were reviewed with people who use the service to reflect any changes in the way people were supported and supervised.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.