Home from Home Care Limited

The Old Hall

Inspection report

Chapel Road
Fiskerton
Lincolnshire
LN3 4HD

Tel: 01522595395
Website: www.homefromhomecare.com

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

The Old Hall is registered to provide accommodation and personal care for up to 13 people who have a learning disability or autistic spectrum disorder. The home is located in the village of Fiskerton in Lincolnshire. At the time of inspection there were 13 people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However. the size of the home having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were protected from harm. Staff received safeguarding training and understood their responsibilities. People were supported to take positive risks. There were detailed risk assessments on how to support people and mitigate risk of harm. The home had enough staff and deployed them to meet the needs of the people. Medicines were monitored and administered safely. Staff followed infection control procedures and used personal protective equipment to prevent the spread of infection. Following incidents, the registered provider had a robust system to monitor trends and had acted to reduce reoccurrence.

People had their needs assessed prior to admission. There was a detailed support programme to ensure people would be supported to integrate in to the service. Staff were trained and skilled to support people effectively. People were supported to maintain a well-balanced diet. Staff worked collaboratively with internal teams and external organisations to provide people with the best outcomes. People had access to on-going health care services. People were encouraged to have active input into the development of their environment, which was adapted to meet people's needs and promote person centred care. Staff promoted

people's rights to make their own decisions wherever possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed kindness and respect towards people living in the home. People's views were valued and their feedback was continually sought. People's dignity and privacy was respected, and people were encouraged to have as much independence as possible. People had 'a circle of support' which was unique to them. A circle of support involved core team members, relatives and health care professionals.

People received personalised care which was responsive to their needs. People had care and support records in place and people had an input for what was included. Relatives were listened to and felt they could raise any concerns they had with the registered manager. People with diverse cultural needs were supported to ensure equality within the service.

There was a positive, open culture in the home and staff were empowered to deliver a high quality of care and support to people. The registered provider and the registered manager understood their responsibilities and closely monitored quality. People, staff and relatives were encouraged to engage in the service and their care. The registered provider continually looked for ways they could improve the service and ensure sustainability. The service worked in partnership with other agencies.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Hall on our website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (published 17 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was well-led.

Details are in our well-Led findings below.

The Old Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team was made up of two inspectors.

Service and service type
The Old Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant managers, Positive Behaviour Support partner and support workers. We reviewed a range of records. This included four people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to protect people from harm.
- The registered manager had identified safeguarding concerns and incidents. These had been referred to both the local safeguarding team and the commission.
- Where there were safeguarding incidents involving people, the management team in the service had good knowledge and understanding of people's needs, which enabled them to identify triggers and trends relating to these. This meant staff were able to support people safely to reduce these incidents from reoccurring.
- Some people experienced anxiety and distress during the night. To ensure they remained safe an assessment was carried out by specialist staff and a decision was made to put audio sensors into some people's rooms so staff could respond quickly and provide support.

Assessing risk, safety monitoring and management

- People were encouraged to take positive risks. These risks were identified and managed through comprehensive risk assessments and protocols.
- Where people experienced behaviour which may cause distress, there were step by step protocols in place to inform staff on how to support a person, alongside a risk-based assessment. This included different levels of physical intervention which may be required by staff, always indicating the least restrictive intervention first.
- Some people were assessed to require assistive technology. Where people experienced seizures, they had a sensor in place which alerted staff when they had a seizure. This meant staff could attend to the person quickly to provide support.
- Some people were assessed to as needing physical intervention from staff when they experienced severe anxiety and distress. Intervention methods were clearly specified in individual care plans. Records of physical intervention were recorded in detail, monitored closely and measures were in place to reduce peoples experience of distress and anxiety. Records showed one-person's physical interventions had been dramatically reduced, with the right support, in short period of time.

Staffing and recruitment

- Staff and relatives told us there were appropriate staff members on duty to support people who used the service. Staff members were deployed responsively, to meet people's individual needs, this included one to one support hours. This meant people were able to spend time doing things they enjoyed with support from staff. One relative said "Oh, there is sufficient staff there." A member of staff told us "I think we have enough staff."

● The registered provider continued to have clear systems in place to ensure staff were suitable to work with people who lived in the service. This included checks about their identity and previous employment. The registered provider also carried out checks with the Disclosure and Barring Service (DBS) which identify if people have any criminal convictions. DBS checks were updated every three years.
● The registered provider's approach to recruitment aimed to match potential new staff members with particular people who lived in the home, and those people were fully involved. This ensured that people's needs, and preferences were central to the process and their support was more personalised.
● When we visited the registered provider's head office we saw they were in the process of developing a database of staff attributes across their organisation. This would ensure if people moved from the home, staff could be effectively redeployed to work with another person who used the registered provider's services.

Using medicines safely
● The provider had signed up to an initiative called Stop Over Medicating People (STOMP). This is an NHS England national project to reduce the use of psychotropic medicines in people with learning disabilities.
● Records showed staff received training to administer people's medicines in a safe way. This included having their competency assessed several times before they were able to administer medicines without supervision.
● Medicines were stored, monitored and administered safely. MAR (medication administration records) were fully completed and people received their prescribed medicines.
● Some people where prescribed an 'as needed' (PRN) medicine for when they became anxious or distressed. People had detailed PRN protocols in place which identified when a person may require the medicine and how to support the person to take it.
● Weekly medicine audits took place, which identified shortfalls in practice. This was completed by a member of the management team and an action plan was in place.

Preventing and controlling infection
●Prior to inspection we received information from the local authority indicating infection control measures in place would benefit from being strengthened. Overall the home was clean, however, we noted the staff sleep in room would benefit from a deep clean. This was addressed with the registered manager and immediate action was taken to carry out the work needed.
● Staff demonstrated their understanding of the principles of infection prevention and control and had received training about the subject.
●People were encouraged to be involved in helping to keep their rooms and the service clean and tidy.
● The service had access to training provided by the local authority and staff from the service attended meetings to share good practices. This included infection control.

Learning lessons when things go wrong
● The registered provider used a range of up to date electronic technology to identify, report, monitor and review any incidents in the home. Staff told us this enabled them and the registered provider to quickly identify themes and trends.
● There was evidence of action taken following incidents, such as reflective meetings, support for people, support for staff and staff training. Care records were also reviewed and updated to reflect any changes made following each incident review.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to the home. This was done to ensure the service had an accurate reflection of people's abilities and support requirements. The registered manager and staff described how during the assessment process people were allocated a core team of staff who got to know and supported them. The core team visited people in advance of them moving to the home to build a relationship with them. This made transition to the home the home smooth and more comfortable for the person.
- People's needs were continually assessed to review whether support was effective and to monitor progress. This enabled staff to understand how their support affected people who lived in the home.
- People were given choices about their care, support and daily living activities. We observed a person getting sensory items together. This indicated to the staff they wanted to go in to the sensory room. The person was asked 'Would you like to go over to the sensory rooms?' The person nodded their head positively in response.

Staff support: induction, training, skills and experience

- New staff underwent an induction programme which was based around the Care Certificate. This is a national set of standards for staff who work in health and social care settings. The induction programme consisted of formal training sessions at the head office and shadowing more experienced staff working with people in the home.
- Each new member of staff was assigned a mentor for the period of induction and they were required to keep a reflective diary of their experiences. Their mentor and managers were then able to review the diary and identify if any further support or training was needed.
- Following induction, staff were required to complete an annual programme of training which ensured they remained up to date with changes in best practice and legislation. All training was recorded on the registered provider's live central database.
- Training programmes included subjects which were based on people's individual needs and care plans. Examples of this were around the support needed for epilepsy or special methods for helping people to receive the right nutrition.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a well-balanced diet and had choice about what they had to eat and drink.
- When it was needed staff used specialist equipment to help people maintain their food and fluid intake.

For example, one person was supported to eat and drink using specialist equipment. Staff had received training and care records for the person included a detailed regime on how this should be done.
● People had meal times when and where they preferred. Some people preferred communal eating, however some people found it distressing eating with others.
● People were offered a choice of meals and drink. For some people staff had a verbal discussion with people. However, where some people were unable to communicate verbally this was done through pictures. We observed that one person had cards with pictures of differed snacks and a variety of drinks they could choose from.
● People who used the service were empowered to develop and maintain new skills. Following inspection, the provider supplied us with information showing that people were encouraged, where safe, to be involved with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care
● There were multiple support teams within the organisation who worked collaboratively to ensure they were achieving positive outcomes for people.
● The staff worked closely with other specialist health and social care professionals to enable people to seek appropriate treatment and a review of health.

Adapting service, design, decoration to meet people's needs
● There were on going developments with the premises which indicated that the registered provider was continually adapting it to meet the needs of people and to promote person centred care.
● People had an input in relation to the decoration of the service. During the inspection, we observed that in people's rooms they had decoration personal to them and their personal belongings.
● Some people had an apartment which was downstairs. These apartments had individual living space as well as a bedroom and gardens. This meant people could access their own personal garden space as they wished and could remain in the comfort of their own living space if they wanted to.
● Some people were assessed to have their whereabouts monitored to keep them safe. Doors were fitted with sensors which alerted staff to when people where moving around the service. This enabled people to spend time alone but allowed the staff to monitor their wellbeing and provide support when they were in other areas of the service.

Supporting people to live healthier lives, access healthcare services and support
● People had access to ongoing health care and support services both internally and in the community. Some people who used the service attended a dentist locally, who specialised in supporting people who lived with a learning disability.
● Staff prevented people needing more invasive treatments, such as insulin by regularly carrying out checks on people's glucose levels. Staff had received training to enable them to carry out these checks safely.
● People were offered and encouraged to take part in physical activities and hobbies they had chosen to do. These included; swimming, horse riding and walking. This promoted people to stay active.

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
The registered manager had continued to ensure any conditions related to the DoLS were being met.
● People's capacity was assessed in line with the principles of the MCA and applications were made to DoLS where required.
● The registered manager had a good knowledge of who had a DoLS application and authorisation in place. There was also a monitoring tool in place so that they could monitor when the DoLS needed re-applying for.
● We spoke with staff who had a good understanding of why DoLS may be applied for people living in the home. One staff member told us "It is to protect them. If we have listening devices in so we can support people better and door sensors, this would need a DoLS applying for as this is monitoring them."

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. (ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff always interacted with people in a creative and person-centred way. For example, to deescalate anxiety before having breakfast for one person, they were supported to have a meaningful movement break. This involved both the member of staff and the person holding hands whilst they were moving back and forth We saw that this really helped the person to feel comfortable with the support they were receiving and promoted their well-being.
- "The staff are lovely, the care they give is really second to none." Relatives told us their loved ones were well treated and cared for by staff. Whilst another told us, "They look after [name of person] very well. The staff are professional, they are wonderful, and I give them 10/10."
- The registered provider funded a holiday for some people while the building work was being carried out on the premises. It was identified that this would have a negative impact and cause distress for some people. Some people were provided with emotional support and noise cancelling aids to enable them to overcome anxiety around loud noises which affect daily living activities. For example. It meant one person went to the hairdressers without experiencing distress.
- Relatives told us their loved ones received enough support. One relative told us, "[Name of person] absolutely thrives there." . Another relative said, "Yes, the standard of care, monitoring and accommodations is good. There has always been a family ethos in the organisation, it has carried on in the service."
- "Equality is freedom to make choices. People can choose what they do and where they are. We always try to make things less restricted for people and give them more choice and power over their own life. We are here to support people to do that." The registered manager told us when we spoke to them about promoting equality in the home.

Supporting people to express their views and be involved in making decisions about their care

- A person had been supported to write their own morning routine as they were unhappy with their current one and preferred a structured routine. With support from staff, they were able to choose how they were supported.
- Individual surveys were carried out annually where people were able to give their feedback. This was prompted by the staff using people's preferred communication methods. Where feedback required action to be taken, this had been recorded. For example, it was noted on one person's feedback they would like more people to ask how they were each day. Staff told us how they had responded positively to the request
- People's circle of support were able to have a call on a monthly basis to talk about care and support for their loved one. People gave their feedback and set actions for the forth coming month. These actions were

reviewed each month, to enable people to see their own progress

● A staff member described how they supported one person by saying, "We are getting to know each other. We are noting sensory needs and [name of person] communicates using gestures. We are continuing to learn about them. [Name of person] will guide us to the things they like and then teach us about what we need to know." The staff member went on to say, "The staff work closely with people to get to know about likes and dislikes. The transition process when people move in is ongoing." An example of this was when we saw one person exploring their sensory needs, by pulling leaves from the trees and feeling the texture. Staff supported the person to have the opportunity to do this as part of the process of continually learning about their needs.

Respecting and promoting people's privacy, dignity and independence; Working in partnership with others

● One relative told us, "[Name of person] has really settled in there and it has been wonderful seeing their progress. I am so grateful to the organisation for the changes they have made to [name of persons] quality of life."

● People went for a walk to the local chip shop where people chose what they wanted to eat. Some people had limited verbal communication but were supported to express their wishes, if they wanted salt and vinegar on their chips. Staff encouraged people to independently communicate with people who worked in the chip shop.

● There was an open culture in the home where people were able to speak openly about their feelings. People were encouraged to maintain their chosen identity and were encouraged to express their sexuality. Staff were passionate about supporting people with practical guidance and advice to enable people to achieve a sense of fulfilment within their sexuality and have their privacy and dignity protected.

● People were always encouraged to maintain independence and be involved in their support. We saw people being involved in daily living activities. Staff encouraged people to bring their laundry to the laundry room and with support put it in the washing machine.

●Staff understood the importance of maintaining confidentiality regarding people's personal information. The registered manager and support teams worked in partnership with others to ensure that information regarding people was shared appropriately. This included assessment of needs and on -going reviews. The registered provider had ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

● A core team is a group of staff who only support one person chosen based on compatibility. The core teams for each person work alongside support teams, such as positive behaviour support to review what engages an individual. This ensures consistency for people and enables them to build relationships with staff who support them.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and staff celebrated success when achieving goals and outcomes. One person's goal was to make a hot drink with minimal support. There was a structured support record on how this would be achieved, which was agreed with both staff and the person. People were able to reflect on targets they have achieved. The staff had photos of people's progress and these were shown to people at reviews to celebrate success. People were supported to be fully involved in identifying the levels of care and support they needed.

● Each person had a 'my say meeting' every 28 days to review their care and support, set goals and ensure staff were supporting people to have achieved the best outcomes for each individual. Meetings took place in formal settings as the person preferred, however, others preferred these to be informal.

● People had person centred support records in place which detailed how they would like to be supported, including their preferences and wishes.

● Staff ensured people were fully included in choosing elements of their meal. For example, one person was asked if they wanted eggs with their breakfast and the member of staff showed them the eggs. The person pointed to and touched the eggs which indicated they wanted them. The member of staff then prepared the meal on their behalf.

● Some people required additional support from staff with personal care and maintaining their appearance and identity. This was given in ways which enable people to fully express their individuality. For example, one person had a beard chart, with pictures of different beards on it. This meant when staff supported them with personal care, the person was able to choose what they wanted their beard to look like that day.

● People were actively encouraged to express their emotions freely. We observed one person banging on the television (which had a special protective cover) with their hands when the news came on. Staff told us this is what the person did to indicated that they were happy and excited about the news.

● People were also supported to express other kinds of emotions, which included frustration. However, where people were at risk, staff were trained to undertake sensitive interventions and support to protect people from harm. This enabled people to communicate with staff when they were happy or upset.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People were always actively encouraged to communicate using their preferred methods. Some people were unable to communicate verbally, therefore there were picture exchange communication systems

(PECS) in place to enable people to communicate.
● We saw information was available and accessible to people throughout the service. This included information about how to make a complaint, which was in an easy read format with pictures.
● There was a daily information board in the kitchen area so that people could see the date, which staff were on duty, what activities were taking place and who was the first aider on duty. This included photographs of people, written narrative and pictures.
● Annual survey records showed when people were asked questions about support and living at the service, they were asked in different ways depending on the person's needs. For example, questions were re-phrased to support their understanding. Feedback was gathered by peoples preferred ways of communication, such as picture cards, hand gestures, facial expressions and verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● A culture of inclusivity had been developed in the home to ensure relatives and friends were fully involved in people's lives. Where face to face contact was unavailable for people, the home facilitated video calls using an iPad. This enables people to maintain contact with their relatives. One relative told us "If I can't visit [name of person], they know I am still there for them."
● Where people had a religion, they were supported to access community groups. The assistant manager told us how a person they were supporting followed a Christian faith and staff supported them to attend a local group. This enabled the person to continue following their chosen faith and have their spiritual needs supported.
● "It is about bridging gaps in the community for people and making sure they have an equal life. This gives people a sense of control of their life and autonomy to make their own decisions." The registered manager was passionate about culture in the home and had created a strong culture of equality.
● Two people who used the service acted as recruitment consultants to ensure people would be fully involved in and have a say in the recruitment of new staff. The two people were involved in supporting the organisation to define key attributes and qualities they wanted in a member of staff who would support them. Qualities included 'passion'. And key attributes included 'help me'. This meant people were fully involved in the interview and staff selection processes.
● One person had a work placement in a local café where they had worked for several years. Another person had a work placement at the local train station. Work placement opportunities were available to people and they were actively encouraged to seek opportunities to develop their skills. This meant people were involved in the community and were able to build up relationships outside the service.
●There were a range of activities people could choose to take part in. People had their own accommodation and were supported to do activities in their accommodation where they chose to. There was a day opportunities room where people could take part in sensory activities and people could choose to go out. During inspection some people chose to go on a trip to a local wildlife park. We spoke with the registered manager about the importance of community presence.

Improving care quality in response to complaints or concerns
● The registered provider maintained a record of any concerns or complaints they had received. Information indicated these had all been responded to in line with the registered providers policies and process for handing concerns and complaints.
● We spoke with relatives about raising a concern or complaint. One relative said "I would happily raise any concerns. I don't have any concerns and happy with communication from [the registered manager] and [the assistant manager]. Another relative told us "Anything to do with [person's name], [registered manager] is very responsive."
● People who use the service and others are involved in regular reviews of how the service managed and

responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews. Investigations were comprehensive, and the registered provider used innovative and creative ways of looking into concerns.

End of life care and support

● Although no one at the home was receiving end of life care, our discussions with the registered manager confirmed they were in the process of sensitively and carefully considering the subject together with people and their loved ones so that any specific end of life wishes people may have made could be fully respected at any time the information may be needed.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered provider had a strong shared vision for people using the service and were passionate about empowering people. This was fully embedded in to the staff team and enabled exceptional care to be provided to people.
- One staff member told us, "We have a strong team culture. Support is good. The organisation is exceptional at caring for staff and this helps with the one team approach."
- Throughout our inspection we observed the registered manager and their team promote a person-centred approach to care delivery which was based on the full involvement of people and relatives in the delivery of care. People's equality and human rights were fully considered throughout their approach and at the heart of the service.
- There was a positive, open culture in the home, where staff were able to feedback. There was regular staff meetings and staff received regular supervision.
- Staff told us they thought the service was extremely well managed and the management team were supportive. One member of staff told us, "I think management is great and brilliant. They know exactly how to support you and help you. They are open ears constantly. If they can't help they will find someone who can."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider continually communicated with relatives about incidents and things which happened in the service. The registered manager told us, "We are always having transparent conversations due to individuals needs who use the service."
- Following serious incidents, the senior management team notified the relevant agencies and worked together with individuals and their families. In line with duty of candour, outcomes and lessons learned were shared appropriately.
- The previous CQC rating was displayed along with registration certificates. The registered provider had also informed CQC of incidents which had taken place in the service, such as; serious injuries, DoLS outcomes and safeguarding concerns.
- Where the home had received complaints or concerns, the registered provider apologised when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

● The registered provider had an electronic system which enabled up to date information to be analysed. The registered provider had embedded organisational approaches known as 'One Team' working and 'My Cro'. This allowed the registered manager and other senior managers to quickly identify any issues arising, for example, any trends in accidents or incidents, health and wellbeing issues or gaps in staff rotas.

● The systems also enabled care and support to be provided in a holistic and personalised way. For example, the positive behaviour support team would be able to identify if people's support plans needed to be reviewed based on the real time information, rather than waiting for information to be shared with them by staff in the home.

● Management functions such as developing staff rotas, staff recruitment and training and quality assurance audits were carried out by way of the central operating systems. This meant that the registered manager had a wide-ranging support network and had more time to focus on supporting the staff team to deliver high quality, personalised care for the people who lived there.

● There was a registered manager in post at the time of the inspection, however the registered manager was in the process of taking up another position in the registered providers organisation. A new manager had been appointed and during the inspection the transition and support arrangements in place for the new manager were explained in detail.

● Staff were aware of the plans for the change in management and felt optimistic about the future of the service. One staff member told us, "I will miss [Name of registered manager] but the new management team is a perfect fit."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● In a community activity we noted that people had a strong presence in the community. People in the community knew the people and interacted with them individually and positively.

● The registered provider regularly encouraged feedback from people who lived in the home, their relatives and staff. The information from this feedback was used to drive improvement within the home and the wider organisation.

● People had the opportunity to complete surveys and participate in 'Our Voice' meetings. These meetings were usually held just prior to senior staff meetings which meant any issues raised could be addressed straight away. One example of an outcome from 'Our Voice' feedback was the development of 'My Say' meetings. It was identified that some people did not like to join in wider group meetings so individual, bespoke meetings were offered so that everyone had an opportunity to share their views in the way they preferred.

● The registered provider held an Investors in People (IIP) Gold award. IIP is an international standard which provides a structure for developing and sustaining a well led organisation and a motivated workforce. They were working towards the platinum award and developing ways in which they could share best practice with other care and support providers.

● The registered provider worked with an external agency to collect staff feedback on a regular basis. This process was part of a staff development programme known as 'Aspire'. Staff were contacted at the end of their induction, so they were able to share their experiences. They were then contacted on a regular basis to share their views. The registered provider received anonymised summary information from the external agency which they used as part of their continuous quality improvement processes.

Continuous learning and improving care

● As the registers provider's computer system was centralised and recorded data in real time, this meant learning could be shared quickly across the organisation.

● Where staff needed to physically intervene when people experienced distress or anxiety they were offered

a chance to de-brief. This support was offered by the management team. This enabled staff to talk about interventions and any emotions they had around this. We spoke with staff about this and they told us, "'I feel so grateful to work for a company where I feel supported."

● The registered provider monitored engagement of people from an online system. This meant they, could offer people who used the service on-going support and new services, where needed.

● All new staff who started in the service received a bespoke induction to ensure they had the key attributes and skills to support people living in the service. New staff were given a mentor where they can be coached during their induction. This allowed new staff to give and receive accurate feedback and reflect on their learning. This also meant, that care given to people was continually observed and improved.