

Apple House Limited

Summerwood

Inspection report

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Date of inspection visit:

26 February 2020

04 March 2020

Date of publication:

10 June 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

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

Summerwood is a residential care home providing personal care to people with learning disabilities and/or autism, some of whom were not able to tell us about their views of their care. The service was registered to provide support to up to 8 people. There were 8 people using the service at the time of our inspection.

The service is larger than recommended by best practice guidance. However, we have rated this service outstanding because they arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community. 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.

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

People we spoke with told us they were happy living at Summerwood and relatives consistently told us they were exceptionally happy with the excellent care their loved ones received. They told us the registered manager, provider and staff were "absolutely brilliant," "fantastic," "they saved our life" and were "completely outstanding."

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. People and relatives told us they thought the service was very safe and said staff had an excellent understanding of their loved one's needs and risks. Robust risk assessments and risk management plans enabled people to live least restrictive lives and enjoy their community, develop confidence, skills and self-esteem as all citizens should expect. People who had, in previous placements, been restrained or unable to take part in the community were now enjoying these freedoms. Equality, diversity and human rights were lived and promoted by staff within the home and within the wider community.

People were supported by compassionate, friendly and committed staff led by an experienced and passionate management team with a pro-active, solution focussed 'can do' attitude which led to exceptional outcomes for people. They promoted an exceptionally open and person-centred culture in which the well-being and growth of people was the focus, and this was shared by the staff team and embedded in all care practices. Relatives, health and care professionals and staff spoke extremely highly

about the management of, and the ethos within the home. This was recognised by various national and local awards the provider, nominated individual and staff had received for their innovation, commitment to, and outcomes for people with learning disabilities and autism.

A robust reporting structure ensured the nominated individual and the provider had up to date and regular oversight of the home. The flat management structure meant the nominated individual and provider had direct contact with the registered manager and provided support and hands on assistance with developing the home. Regular checks of safety and quality were made to ensure people were protected and information was used to improve the environment and the quality of the service.

Staff knew people exceptionally well and communicated information to health and care professionals effectively to support clinical decision making. This was confirmed by health and care professionals who told us, "I'm very impressed," and "They went above and beyond on a daily basis with their care." Staff went to exceptional lengths, which included providing training and advice to the local community to ensure the people they supported were not discriminated against or excluded from community activities due to their complex behaviours.

People at Summerwood were living with a learning disability or autism. Some people were not always able to make some decisions about their care and support. Where this was the case, the service protected their rights and delivered care in the person's best interests. Staff ensured people had the support and information in a way they could understand which empowered them to make choices. This was sensitively handled during end of life care for one person by staff who sat with them and supported them to understand their illness and treatment with easy read booklets and social stories. Staff provided compassionate, caring one to one end of life support. Physical changes were made to the home environment to ensure a person could have their wish to stay at home at the end of their life. A health professional spoke extremely highly of the exceptional support from Summerwood staff which they said, without this, it would not have been possible for the person to remain at home.

Staff were exceptionally well trained, skilled and supported. Staff received bespoke training when required, to enable them to better support people's individual needs, challenges and health conditions. They worked closely with people, their families and other professionals to overcome challenges, risks and promote their independence. People, and their families described the staff as being exceptionally caring, kind and friendly and the atmosphere of the home as relaxed and engaging. Health and care professionals consistently told us staff were thoughtful and went over and above to ensure people and their families were happy and supported.

Robust and detailed assessments ensured effective person-centred support from the start of the placement. The service was extremely responsive to people's current and changing needs, finding creative solutions when things didn't go according to plan or risks changed. For example, with eating and drinking. People and their relatives were involved in assessments, support planning and regular reviews which ensured people were at the centre of their support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 3 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

Details are in our well led findings below.

Outstanding 

Summerwood

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

This inspection was completed by one inspector.

Service and service type

Summerwood 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

This was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service including notifications of events the provider must notify us about by law.

During the inspection

We spoke with three people who used the service and who were able to talk with us, and two relatives who were visiting. We met with the nominated individual, registered manager, deputy manager, two senior

support workers and two support workers. A nominated individual is someone who has responsibility for supervising the way that the regulated activity is managed. We also spoke with a registered manager from another home managed by the provider who was visiting.

We reviewed a range of records. This included two people's care records and six people's medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of other records relating to the management of the service, including staff training, feedback from families and community partners and incident and accidents.

We spent time in communal areas around the home and observed care practice and interactions between support staff and people. This was especially important where people were unable to tell us their views about their care.

After the inspection

We asked the provider for further information including quality assurance and governance. We contacted five more relatives of people who lived at Summerwood by telephone to gain their views of care. We spoke with two health and social care professionals by telephone and received written feedback from a further five health and care professionals. We also spoke with a local church leader who had involvement with people who lived at the home.

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 improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management;

- The provider, nominated individual and registered manager had a robust and tested approach to managing significant risk and adapting ways of working to promote and implement least restrictive solutions. For example, following a serious, unforeseeable incident in the home, it was suggested to the provider that the person should be moved to a secure place of safety whilst waiting for a therapeutic placement to be found. However, the nominated individual told us this would not have been in the person's best interests as it would not have been the least restrictive environment, would cause undue distress and be detrimental to their mental health. The provider and nominated individual showed exceptional commitment to enable the person to stay at home under extremely difficult circumstances. They implemented a robust risk assessment and risk management plan which included 24 hour, one to one staffing. This enabled them to support and re-assure the person and provide on-going observation to ensure the person, or others, did not come to harm. They re-assessed the environment to ensure there was nothing that could be used by the person to harm themselves or others. They arranged 24 hour direct access to the commissioning team so staff could access advice from care professionals at all times. This ensured the person could remain in a safe, familiar and caring environment with the least restrictions on their freedom. The nominated individual attended the service every day to oversee the revised risk management plans and support staff until an appropriate placement could be found.
- People and their relatives were encouraged to be involved with decisions about their safety. The ethos and underpinning values of the home supported people with positive risk taking which ensured they maintained maximum control over their lives and had the same opportunities as other citizens. For example, at their previous placement one person had been regularly restrained. Summerwood had supported the person over time with regular staff who understood the person's triggers, the risks and the challenges involved.. Positive behaviour support plans were in depth and responsive. The person's behaviours were monitored closely, and incidents were analysed in detail and recorded to identify any patterns. Support was reviewed and adapted accordingly and retained a focus on positive risk taking. This had a significant and positive impact on the person's quality of life and human rights. The person had not been restrained at Summerwood and had gradually been introduced to more activities in the community. Robust risk management plans enabled them to now enjoy trips out with staff, and with other people, such as to the pub for lunch, going out for a drive and on walks and attending a memorial service for a friend. This was made possible by the support and guidance from the provider and registered manager and the comprehensive risk management systems and safety equipment, such as arm guards for staff, they had put in place. The registered manager told us, "The learning disability team is still involved and they're very supportive, but they told us we're doing everything that they could offer."

- A staff member told us, "They've worked with [name], taken risks, I don't think people could even take [name] out [at previous placement]. Every morning [name] goes out for a walk to post letters. Seeing [name's] face when [name] goes on a bus drive or has music on or watches [favourite TV programme]." The person's relative told us, "They [staff] are constantly monitoring [name], making sure [name's] happy, using distraction techniques. They [Summerwood] don't have to use restraint. They [staff at name's previous placement] did. [Name] has support to go into the community, at least once a day. [Name] has two [staff] to take [name] out with a driver and goes out with others as well. [Name's] regularly out in the minibus. They're mindful of [name] being challenging but they're all trained and well skilled to do that."
- The registered manager had a 'can do' attitude to managing complex behaviour and was a role model to staff who followed their lead in providing care that was safe and non-judgemental. Behaviours were not seen as the person's 'problem' but were for the registered manager and staff to try to understand and respond to with innovative strategies in a way that would have a positive outcome for the person. Staff implemented the practice of positive behaviour support which enabled people to work towards their goals with proactive and reactive, holistic support, however complex or challenging their behaviours might be. Positive behaviour support plans were developed in line with national good practice and provided detailed and up to date guidance for staff about individual triggers and early identification of changes in mood or behaviour. There were clear strategies and approaches to use if people displayed behaviours which may challenge and put themselves or others at risk of harm. Staff took part in debrief meetings following behavioural incidents which enabled them to reflect and discuss events before the incident occurred, actions taken and any learning.
- Individual, detailed risk assessments were in place which staff followed to provide consistent support to minimise the risk of harm. Assessments covered each individual's identified risk areas such as; epilepsy, choking, bathing, swimming and community visits.
- The safety of the environment was monitored regularly. Fire and health and safety checks were completed by the staff and annual servicing and safety checks were completed by external professionals, such as gas safety. People were encouraged and supported to be involved in health and safety, such as checks on the home's vehicle and checking the lighting in the home. A staff member told us, "[Name] will walk around the home and let me know if any [lightbulbs] need replacing and then we will replace them." This ensured the home remained well lit at night and reduced the risks of accidents due to poor lighting.
- People had personal emergency evacuation plans which ensure staff had guidance to safely evacuate them in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff ensured people were protected from abuse, discrimination and exclusion. They regularly encouraged the wider community, such as neighbours and the local church, to be involved and learn about the diverse circumstances and individual needs of the people they supported to ensure they were not excluded or discriminated against. For example, when attending church, some people would shout out or use inappropriate language during the services which upset some members of the congregation. However, after conversations with the church leaders, the registered manager provided a training day to church staff and some members of the congregation around autism, disability, communication and behaviours that may be challenging to others and the concerns were resolved. The registered manager told us, "It was a good day. Feedback was amazing. They can see now how staff deal with it." People continued to attend church and they were fully accepted into the congregation.
- A church leader told us, "It was challenging for some folk [in the congregation] in how to respond. We discussed issues with [the registered manager] who did some training for us and gave advice, he's been very helpful." The registered manager received feedback from a community organiser who said, "The session was very practical and informative and helped improve our understanding of how to appropriately support those who may present more challenging behaviours...I hope you are aware too that as you do this there is a ripple effect in the local community as barriers are broken down and greater understanding develops."

- The provider had robust safeguarding policies and procedures in place which were based on good practice, current legislation and local authority safeguarding protocols. Staff had received training in safeguarding and this was regularly discussed as part of team briefings and meetings. Staff understood their responsibilities in safeguarding people and knew how to report any concerns. Staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- People were supported to live safely. There was an open culture where people were encouraged to speak up. Meeting minutes showed safety and safeguarding was discussed at regular 'service user meetings' and there were easy read, pictorial leaflets available around the home. This enabled people to be informed about how they should expect to be treated and what to do if they didn't feel safe or had any concerns. Staff were observant and raised concerns within the team if someone seemed subdued or displayed unusual behaviour so they could ask them if they were okay and check on them throughout the day. People and relatives told us they felt safe at Summerwood and would talk to the registered manager or deputy manager if they had any concerns. One relative told us, "[The deputy manager] is all over the place, watching everything. She is on top of it."

Staffing and recruitment

- Staffing was assessed and allocated according to people's individual needs. For example, one person required one to one or two to one support, depending on their activity and any scheduled appointments. This was clearly identified on the rota each day which enabled staff to see who they would be supporting and how they would be spending their time each day. Additional staff were used where necessary and shifts were flexible to meet people's ad hoc needs or appointments.
- Care was given to enable people to choose who supported them and to match people's needs, risks and personalities with staff. For example, one person had a history of challenging others and needed time to get to know new staff before feeling comfortable with them and therefore reducing risks of harm to themselves or others. A staff member told us, "[Two staff] go with [person] if going out. If he gets agitated, he can get challenging. He trusts them so much due to the bond they have." They told us, "I go and support him now [at home]. I go and sit with him, he'll sit and rest his head on my shoulder. I want him to feel safe with me." One staff member had been recruited from another provider when a person they supported moved to Summerwood. They had an excellent relationship with the person which helped them to settle in very quickly and enabled other staff to shadow and learn how the person liked to be supported. The person's relatives were very happy the staff member had been recruited to Summerwood to support their family member.
- The provider operated a safe recruitment process. Robust recruitment checks were in place, which included employment references, Disclosure and Barring Service checks and proof of identity. DBS checks help employers make safer recruitment decisions. The provider had demonstrated the staff they employed were safe to work with the people in their care.

Using medicines safely

- The service had implemented safe systems and processes in place which meant people received their medicines as prescribed and in line with best practice. Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Systems were kept under review and improvements had been made, for example, to the auditing process which ensured all medicines had been accounted for.
- Staff were knowledgeable about people's health conditions and raised any concerns about the effectiveness of medicines with their GPs, often resulting in a review and change of prescribed medicines. For example, staff observed one person's seizures had increased and raised this with the GP who agreed to change the type and timing of medicines which resulted in seizures becoming a 'rare' event.
- The service had safe arrangements for the ordering and disposal of medicines. Medicines were stored

securely. Daily temperature checks were completed, and records were up to date.

- The staff responsible for the administration of medicines were all trained and had their competency regularly assessed.
- Relatives and people were happy with the way medicines were managed. One relative told us the deputy manager had identified an error with medicines by a previous provider on the day their loved one had moved to Summerwood. They told us, "[The deputy manager] was really on the ball. They opened the emergency meds and straight away said they were three months out of date. They arranged for a new prescription to be sent."

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. Where able, people were encouraged and supported to participate in keeping their home and rooms clean and to do their own laundry within infection control guidelines.
- Staff had received infection control training and understood their responsibilities in this area. The provider had an infection control policy and staff followed a cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised.
- There were hand washing facilities and anti-bacterial hand gel dispensers throughout the home and staff had access to personal protective equipment, such as disposable gloves and aprons when required.
- Infection prevention and control procedures had been updated in February 2020 to include the emerging risk of the Coronavirus. The provider kept staff up to date with the latest Public Health England (PHE) guidance and were supporting people with increased hand washing and personal hygiene. PHE guidance was included on the Apple House website so family and other stakeholders had easy access to it.

Learning lessons when things go wrong

- The provider was open and transparent about incident reporting and had robust arrangements in place for reviewing and investigating accidents and incidents.
- Each incident was reviewed and used as an opportunity to see if and how things could have been done differently. Where this was identified, learning was shared with the staff team and support plans updated to reflect this. Staff told us the home was always open to learning and improving their systems. Staff held debriefing sessions to ensure an understanding of the events leading up to incidents and there were clear outcomes of investigations.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Health professionals were consistently impressed with the exceptional level of health monitoring, support and care provided by Summerwood staff. A health professional had given excellent feedback to the home to recognise the dedicated and professional support they had given to a person who had a serious, on-going illness and who had received significant and invasive treatment. They said "...I think also as a staff team you appreciated the risks and consequences involved for [name], should you and other health professionals not get this right for [them]. [Name] refusing treatment had grave consequences. You all remained passionate and determined to ensure this did not happen. Thank you very much!"
- Another health professional who was involved told us the staff had gone out of their way to support the family to attend important meetings to discuss and agree clinical decisions. For example, picking them up, bringing them to meetings and then taking them home, a 60 mile round trip. They told us, "[Staff] stayed and supported the family throughout these meetings.....their views were heard especially via Summerwood who always respectfully validated their concerns and tried to work within their wishes but also around what was best for [name]." A third health professional told us staff went "over and above" when caring for one of their [patients] with significant health needs which had a "huge" and "positive impact" for them.
- Relatives consistently told us the staff at Summerwood were exceptional at ensuring their loved ones received timely and effective health care support. One relative told us, "They are very, very good. We don't have to keep an eye on things at all. They're on the ball with [name's] seizures. They're always monitoring and know what to look for. It's different for everyone. They know when [name's] brewing up for a seizure. I'm amazed the way they've cottoned on to all that. No-one has ever done that before." Another relative said, "They provide such a high level of care. When [name] was in hospital the staff in the hospital were amazed and said [their] skin was so good for someone in care and incontinent." A third relative told us their family member had been diagnosed with a cognitive condition and had started to decline. Staff were very observant and identified small changes and acted on them quickly. They said, "They [staff] coaxed [name] through. At first we saw an improvement but then [name] went downhill. They took [name] to the doctor and was put on tablets. They understand [name] and are working with him closely. They seem to be getting on top of it."
- Staff had access to psychology support and developed innovative strategies to help people manage their mental health. For example, one person had been experiencing increased anxiety which had made them feel unsafe. The registered manager had involved the person's psychologist, identified issues and developed an action plan. A detailed report included, "Data on incidents was analysed and it appeared [name] was getting anxious about which staff [they] were working with, what activities [they] were doing when, being

overloaded with videos, not being able to regulate [their] anxiety levels and not being able to communicate [their] anxiety. To support with this Summerwood implemented a series of strategies aimed at reducing [name's] anxiety. These included a sensory diet including weighted blanket, weighted vest, exercise routine, massage and deep pressure stimulation using exercise balls. A clear system for communicating [name's] daily routine and staff who [name] was working with. A thermometer traffic light system for [name] to use when anxious [to help them identify their level of anxiety]. An allocated time to talk with specified staff. Regular visits from the intensive support team."

- People had health action plans and regular check-ups took place as and when recommended. People also received an annual health check in line with best practice for people with a learning disability. Health records were well documented and recorded all health care concerns and interventions on an electronic care recording system. This enabled detailed information to be readily accessible to share with health professionals as and when required to help inform health interventions and treatments.
- The provider had consistently implemented robust and person-centred assessment and transition procedures which were in line with best practice guidance and the law. For example, The Mental Capacity Act was reflected in people's assessments around the decision about going to live at Summerwood. Detailed assessment and transition plans included input from all those who were important in the process. For example, one person's assessment had involved seven health professionals, such as their occupational therapist, psychiatrist, psychologist and their community learning disability nurse.
- In depth assessments of each area of the person's life and the support they required were explored and recorded. For example, decision making, aspirations and wishes, personal care, life skills and mental health needs. This had ensured even the most complex placements were successful. Some people had moved to Summerwood from previously unsuccessful placements due to their behaviours and complex needs which could not be managed and resulted in restrictive practices and lack of opportunities. They were now thriving at Summerwood and were empowered to have choice and control over their lives.
- One person had made an urgent move to Summerwood due to safeguarding concerns at their previous placement. A care professional told us, "[The provider] was very responsive to the urgency to move the service user ensuring that all risk assessments, best interest assessments were completed and essential agreements were in place before the move. [The provider] ensured that there was consistent communication between the family and adult social care to enable a safe and efficient transfer to Summerwood."

Staff support: induction, training, skills and experience

- Staff told us that they felt fully supported and received training which included, for example, administration of medicines, first aid, Mental Capacity Act and moving and handling. Bespoke training had been provided to staff to support them in better understanding and responding to individual people's needs. For example, using a handling belt with one person which was specific to them.
- A health professional had delivered a number of bespoke training sessions to the staff for a person with very complex needs who had moved to Summerwood. The programme included information about the person's cognitive and sensory profile, how their autism and anxiety affected them, how they interacted and what this meant for the person.
- The health professional had known the person from their previous placement so were able to share their knowledge of how to best support them using tested strategies. This would enable a consistent approach which would be familiar to the person and would support the best outcomes for them. The health professional told us, "The care workers [staff] have always been passionate and demonstrate all the person skills to support service users. Where they are new to role they are provided with relevant training by Summerwood. When our team has recommended training to Summerwood they have put the relevant staff on rota. The intensive support team have delivered five well attended staff training sessions in the last year where staff were very engaged and willing to learn."
- There was a clear induction programme for new staff to follow which included shadow shifts and practical

competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

- New staff were complimentary about the induction process. One new staff member told us, "[The registered manager] went through everything with me. We talked about career progression. He said he would support me with it. It's really positive. I love it. I'm learning so much. All the mental health stuff is so interesting and the stories of people's lives, what people have said."
- Staff received regular supervision and appraisals which helped them to reflect on their practice, identify any learning needs and plan new objectives. Staff told us they were able to raise their own issues for the agenda and found the sessions very helpful. Staff consistently told us they could ask for advice or support at any time and could share ideas for training or development which were always welcomed. They felt exceptionally well supported by the registered manager and deputy manager.

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

- Staff were observant and skilled at identifying and understanding people's dietary needs and ensured these were met through creative and person-centred solutions. One person was unable to self-limit their food and drink intake, so staff had identified ways to enable them to retain control but with support to eat and drink safely. A staff member told us they had to closely monitor the person and said, "[Name] will go into the kitchen and open cupboards and the fridge. [Name] has no filter so would eat everything. When [name] has [their] meals, we give [them] the same meal portion but put it on two plates and give them one at a time. [Name] thinks [they're] eating more and it works for [them]. It's the same with drinks. We can't leave [name] with food or drink. [Name] can't stop and will make [themselves] ill."
- Their relative told us, "[Name] needs close supervision when eating and drinking. [Name] has a carer with [them]. [Name] likes to have half the quantity and then they give [name] seconds. It works really well for [name]. [Name's] fed well and has a varied diet as much as possible." Another relative told us, "[Name] seems to eat when [they] want to rather than specific times. [Name] likes snacks but they have to be careful. They [staff] are very good with [name]. [Name] has prescribed [fortified drinks] and has lots of choices for breakfast, porridge, bananas, whatever. They're very, very good with [name]."
- Another person had started refusing meals and staff weren't sure why. A staff member told us it was all about finding the right way to help the person engage and respond, which had succeeded with the person. They said, "We don't throw them [meals] away. We keep them in the kitchen [safely] and tell [name] 'it's ready when you are'. [Name] will come down, make [themselves] a coffee and sit and eat [their] meal."
- People had appropriate support and equipment to aid their eating and independence. One person had a condition which made them shake. A staff member told us, "We're trialling plastic cutlery for [Name]. It's less noisy and [they're] less anxious about it. [Name] uses a beaker and is less stressed. It doesn't spill and [name] can take it everywhere." They had also purchased a weighted cup from a specialist supplier, which was yet to arrive, for the person to try out as this would be easier for the person to hold and would give them a choice of a beaker or an ordinary cup. Where staff had concerns about people's eating and drinking they sought advice from the Speech and Language Team (SALT) and their GP. For example, we saw SALT guidance for one person's food preparation, positioning and sitting at mealtimes and equipment. People were weighed regularly, and malnutrition risk assessments were completed using nationally recognised tools.
- People were at the heart of their eating and drinking choices and preferences. They were involved in planning the menus and their favourite meals were included as part of the menu choices. Food was prepared each day with fresh ingredients. Some people enjoyed being in the kitchen and helping to prepare the meals. One person told us they liked spaghetti bolognese the best. They also liked to help with baking and mixing the cake mixture. The registered manager told us one relative had asked him if he could look into any links between nutrition and epilepsy which he had agreed to do.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Summerwood were living with a learning disability or autism, which affected some people's ability to make decisions about their care and support. However, staff never assumed people lacked capacity and mental capacity assessments were carried out effectively and in a timely way when capacity was in doubt.
- The staff had excellent working relationships with families, health and care professionals and where people were assessed as lacking the capacity to make decisions, they involved all relevant parties in best interest decisions.
- Decision making, choice and control was embedded throughout people's assessments and support planning and people were given every opportunity to make their own decisions with information and support. A health professional told us, "I have always found [The provider] to take into account MCA and consent and develop accessible resources to ensure that this is ascertained properly with the service user such as using social stories."
- The registered manager understood their responsibilities in relation to DoLS and where required, had applied for DoLS and kept a record of when these needed to be reviewed and reapplied for.

Adapting service, design, decoration to meet people's needs

- People told us they liked their home and were happy at Summerwood. People had the opportunity to choose their room colours and furniture and had their own personal items and memorabilia in their rooms. One person had made an emergency move to Summerwood. In the short time available, the staff had tried to help make their room more personal. For example, a care professional told us, "Staff had ensured that before moving in, to enable them [the person] to feel settled in their new home, that the bedroom they are occupying had posters on the wall that they are known to like."
- Summerwood was a large detached property which had good garden spaces. These were accessible, functional and fun. For example, there were growing beds for fruit and vegetables which some people enjoyed helping with. Each person had their own chicken and people had helped to build, maintain and clean the chicken coop and enjoyed collecting the fresh eggs every day. Staff had helped people to build and decorate colourful 'bug hotels' which were put in the garden to encourage bees and insects to visit.
- The home had been planning some renovation to the kitchen and ground floor bathroom which had been put on hold due to other significant events that had taken place. This was now due for July 2020.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff had excellent, open, honest and trusting relationships with people and families. People who were able to express their views told us staff were kind and caring. One person said, "I like living here. I like the staff. They're helpful." Relatives' comments consistently demonstrated the dedicated, caring and compassionate nature of the staff and the difference it had made to them. One relative said, "They are absolutely brilliant, very kind. They have time to spend with [name] and mentor [them]. They understand [name] so well. They're marvellous. [Name's] a bit further away [than their previous home] but it's a small price to pay." Another relative told us, "[Name] is really happy and settled. [Name] is non-verbal but responds really well to [their] carers. They are so very good and patient. As a mother I know [name's] well looked after. I can relax and have peace of mind." A third relative told us, "[Name] is very happy and is really at home [at Summerwood]. [Name] always wants to go back home after visiting us! I can sleep at night. I don't have to worry about [name]. The staff are all so friendly, and always ask 'how are you?' It's like a home from home. We feel like part of the family." A fourth relative told us, "[Name] talks about Summerwood as being home. It's really nice how [name] sees it. The staff are confident and like looking after [name]. They're always so friendly to me. They know me and always ask how I am. It does take a lot of worry away."
- Health and social care professionals consistently spoke very highly of the staff. One health professional told us, "The staff are fantastic. I have nothing but good to say about them." A second health professional said, "I felt the team went above and beyond on a daily basis in their care. They were always welcoming and open." Another health professional said, "They [staff] are always respectful and talk about people respectfully."
- One person had moved into the home the week before our inspection. This was an urgent move from a previous placement where there were safeguarding concerns which were making the person and the family very unhappy and worried. Their relatives told us, "It was an overwhelming feeling of relief. It felt like we'd won the lottery. They put our minds at ease and can't do enough for us. [Staff member] has blown us away, how good she is. She told us, 'You don't need to worry from now on.' She sent an email late at night before [going home] saying [our loved one] was fine. It meant so much. They are so lovely. Everything is open and honest and nothing seems to phase them. They're doing miracles here. [The provider] was wonderful. What she did was amazing. I know [Name] will be very happy here." We observed the person was happy, relaxed and settled and had already established relationships with staff. A care professional confirmed this and told us, "I have had numerous emails updating on the service user and the succession of them being settled. I have received a photograph today from the family to enable me to see how happy they are since moving from their previous placement."
- There was an exceptionally strong person-centred culture with in the home. Staff understood the

importance of friendships within the home and supported these with empathy and compassion. For example, they went over and above to ensure people were kept informed of the physical changes in the home to accommodate a person who was extremely poorly and later passed away at home. People were made aware of the person's illness with sensitivity and compassion. Detailed but simple social stories were written and staff used these to explain to people why the person was poorly and what would happen so they could be as prepared as possible. A social story is a series of words and pictures to depict a story which can be understood by people who have no, or limited reading skills. One person was most affected and often asked about their friend. Staff provided compassionate support, offered them lots of opportunities to ask questions, to go and see their friend or to pass any messages on. The deputy manager worked with the local church community to arrange a special memorial service for the person's friends at home and in the wider learning disability community so they could remember and celebrate their friend together. This was a well-attended, happy event with lots of singing and dancing and two people read paragraphs about their friend. Relatives had sent a letter of thanks to the staff saying it had been a wonderful service and they had reflected on all the wonderful things that had been said about their loved one.

- A health professional had shared feedback with the registered manager and staff about the support they had provided to the person during their illness. They said, "I would like to commend you and your staff team in supporting [the person] through this difficult time. [The deputy manager] has worked hard to ensure [the person] understands as much information as possible, has advocated [the person's] needs and wishes at times when [they] could not, and has been so supportive and caring..."

- Staff were exceptionally knowledgeable about people's life histories and family relationships which meant their cultural and spiritual needs were also understood and respected. The registered manager spoke about one person whose family's culture was to look after each other within the family home. They supported the family to come to terms with their loved one moving into a care home and were sensitive to their thoughts, feelings and wishes. We observed the registered manager spoke a word to the person in their native language. We asked about this and they told us they had researched and printed some basic words for staff to learn. This had not been as successful as he would have liked but he was going to keep trying. However, one staff member was able to converse with the person in their first language which helped them to maintain their own cultural identity and language skills.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity were embedded in staff practices both at home and in the wider community. For example, one person could sometimes start to take their clothes off when out in the community. Staff always took an emergency bag out with them which contained a blanket which could be placed around the person to protect their dignity if this happened. During the inspection we observed one person came downstairs undressed. Staff were observant and intervened immediately, shielded them and supported them to their room to get dressed. We observed this was done calmly, discretely and without any judgement.

- Staff encouraged people to be independent and supported them to live fulfilled lives. We observed people being encouraged to do tasks for themselves within their capabilities, such as recycling and making drinks. One person had been recovering from an injury and had been using a wheelchair. Their relative told us, "Staff are really good at getting [name] to walk. They're really great. Lately [name] is having the confidence to walk. It's so positive for [name]."

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The service was exceptionally responsive in meeting people's needs at the end of their life. Staff supported one person to remain at home which was their wish and was very important to them. Staff were exceptionally skilled in understanding their needs, learning from and acting on advice from palliative care professionals. Staff sourced specialist easy read pictorial booklets and developed social stories to help explain to the person about their illness and the side effects of treatment. Staff moved their room to one more appropriate for end of life care and support, so they were closer to everyone, could have their door open if they wanted and could see and hear people.
- The provider had put in mobility equipment to enable movement around the home and prevent isolation. A staff member told us, "We had training and support from counsellors, and they supported us through it. Head office got everything [name] needed, [such as] a profiling bed and we had a stair lift put in within two days. We considered the impact on other residents and observed them to make sure they were safe with using the stairs. [Name] did use it [the stair lift] so it meant we could still take [them] out. We managed to keep [name] here right until the end. [Name passed away] holding my hand and listening to [their] music."
- The registered manager told us at first they encouraged the person to visit the local hospice, which they did, so they could make an informed decision about where they wanted to be at the end of their life. They were clear they wanted to stay at home. The management team put support mechanisms in place for staff, the family and other residents and had "amazing" support from medical staff which ensured [name] could stay at home and was pain free. The registered manager told us they tried to enable the person to continue doing things they enjoyed as long as they were able to, such as going to their club and having a few days away. They said, "We were so pleased we were able to squeeze in a caravan holiday with [her friend at Summerwood] and [name] loved it. It was good to see how everyone pulled together."
- The registered manager also helped prepare the staff for what would happen. There were written aids for staff explaining the person's final stage of their illness and guidance in what to do if they found the person in distress or unresponsive. The management team supported staff and gave them the option of not being involved with the end of life care as it was very distressing.
- A health professional told us, "[Name] was very well cared for and their family greatly supported by Summerwood. They put on extra staff to cover for a one to one ratio for 24 hour cover for [name]. I advised that even in the hospice we could not offer this. As a fellow professional I always felt heard and our advice was always acted upon. It felt very rewarding to have achieved for [name] to remain at home for [their] end of life and this could not have been done without the excellent care and support Summerwood gave. The staff recognised they needed emotional support and sought help via our Counselling team to have open opportunities to express their worries openly and formulate how best to support each other."

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's communication needs were identified, recorded and highlighted in their support plans. It was evident from looking around the home that accessible communication was a high priority for the registered manager and staff. Pictorial versions of important information was available, such as support plans, activity programmes, safeguarding, complaints and fire safety. Staff used picture cards and visual cues where people responded well to gestures and objects of reference. Some people had reward charts which were pictorial and interactive with stickers so they had a visual aid to see how well they had done which helped increase their self-esteem and confidence.
- Staff had sourced specialist easy read versions of health information and had developed sensitive social stories to go through with people to explain one person's illness and treatment and how this might affect them at home. This gave people the opportunity, if they wished, to talk about it in a way they could understand and allay some of their fears or anxieties. A relative told us, "We had a couple of deaths in the family. [Name] took it very hard. They [staff] made a flow chart of what happens in life, with pictures of life until death. [Name] understood it. It made a world of difference."
- People were involved in developing the 'in and out' board by the front door. Each person had drawn and coloured a different car and had stuck a photo of their own head on the driver's side of their car. They knew to move their car to the 'out' side of the board if they were going out and change it back to 'in' when they got home.
- People had their own electronic devices to communicate with family and friends or to watch video clips or play games. One person kept breaking their mobile phone so now used the home phone to speak with their family and this was facilitated at a regular time by staff.

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

- The service promoted an exceptionally strong person-centred culture and this was embedded within staff attitudes and practices. People were at the heart of their home and were consistently empowered to make decisions about their care and support which increased their confidence, self-esteem, independence and skills. Staff were skilled and creative in finding ways to support people to take responsibility and manage their day to lives. For example, one person had a repetitive interest in collecting videos linked to their autism. They loved the look, sound and feel of them and looked forward to visiting charity shops to buy more, which if unable to do, they may have reacted negatively and experienced a change of mood. The registered manager discussed with the person a way for them to manage their videos and agreed for a shelf to be put up in their room which held a limited number of videos. Each time the person went shopping, they took some videos off their shelf back to the charity shop and purchased replacement ones. The registered manager told us, "It got to the stage where [name] had a good rotation. [Name] was making the decisions, [name] was in charge and was self-limiting. The psychologist was on board with it and supported it."
- Staff involved people and relatives in the planning and reviews of their care at every stage and this was confirmed by relatives.

One relative told us, "They are very focussed on [name's] needs. They keep me informed and discuss things with me. If we'd had Summerwood 25 years ago [name] would be a different person now with everything [name's] learnt there." Another relative told us, "[Name's] whole life has to be cared for in different ways and each day can be different. We're very happy to have Summerwood for [name]. We're very fortunate [name] has ended up at Summerwood, we're very confident in them. We have ad hoc reviews if anything changes, and I have a chat with [the registered manager and deputy manager] when I go in. If there are any concerns they'll raise them with me." Another relative said, "They keep me informed of anything unusual and ask my

opinion. If [name] hurts [themselves] or has a fall they phone and let me know. It's very reassuring."

- Staff involved people and families in developing personal histories and what was important to them, their likes, dislikes and preferences. These were developed into an 'All about me' document. In depth support plans were discussed and written with people and their families. These were detailed, personalised and included pictures as a visual aid for activities such as cleaning teeth, having a shave and having a bath. One person was quite independent in their personal care, so their support plan had been developed into a chart with times and pictures in chronological order to help them remember what they needed to do, such as washing their hair, under arms and face.
- Staff knew people exceptionally well and quickly identified any unusual behaviours or changes in mood. Where people's needs changed, their support plans were promptly updated to reflect these and staff were asked to read and sign to say they understood the changes. Changes were also discussed in handover meetings which ensured all staff on shift were kept up to date.

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

- Staff were enthusiastic and skilled at engaging people in activities throughout the day. We observed people being asked what they wanted to do or being reminded of their daily planned activities if they had forgotten. People were given the options of taking part in additional ad hoc activities if these became available. For example, a relative told us, "[Name] goes swimming on Monday but if someone drops out in the week [they] will go again. [Name] loves it." Another relative told us, "They take [Name] to church on Sundays. [Name] never had that before. I meet [name] at church, [they] like going there."
- People were supported to access the community and participate in activities which matched their hobbies and interests. Some people enjoyed accompanying their neighbours when they walked their dog or went litter picking. People helped look after the home's chickens and collected the eggs each day. One person volunteered at the local church and helped with cleaning and setting the chairs out ready for services. A staff member told us, "[Name] used to volunteer where [they] used to live so we've continued with voluntary work. [Name] enjoys helping." A church leader told us, "[Name] does jobs [at church], anything [name] is able to pick up, [name] can do it." People enjoyed a range of other activities including; shopping, visiting coffee shops and pubs, going for beach walks and day trips out to theme and animal parks. The home had grown chilli peppers and had sold these to help fundraise. One person enjoyed checking how many had been sold and counting the money.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities. Solution focussed, step by step support ensured people, even with the most complex of behaviours, were not excluded from enjoying what their local community had to offer.
- Staff were exceptionally dedicated to supporting people to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. One person had moved from Summerwood to another home managed by the provider. On the first day of our inspection they came back to visit their friends at Summerwood and in the local community with a staff member from their new home. The staff member told us, "[Name] has made friends with [staff member at local supermarket] so he'll go and see her and buy cakes. [Name] hangs out here with [people], staff and the resident chickens. [Name's] leading it at his pace. [They'll] tell staff how [they] wants things to be."

Improving care quality in response to complaints or concerns

- Summerwood welcomed complaints and ideas for improvement. The registered manager told us there had been some complaints from neighbours in the past about noise. However, they had met with them and explained about learning disability and the way some people communicated which involved some quite high-level noises. Once the neighbours understood why the noises were occurring the issues were resolved.
- The service had a robust complaints policy and procedure in place. Complaints were discussed at service

user meetings and people were reminded how they could raise a complaint if they weren't happy about something. Relatives told us they knew how to raise concerns and felt confident they would be listened to.

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 good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- The provider [Apple House], the nominated individual and registered manager had an excellent track record of working in partnership with others to improve care outcomes and influence and share good practice. They were developing an excellent reputation across the sector, being invited to speak at various events and provide input into wider policy and best practice development.
- Apple House had been invited to present their experiences of inspections within learning disability services at a national care event delivered by an organisation which facilitates public policy debate and provides a weekly briefing to the Houses of Parliament. Many learning disability services felt they could not achieve the very best, outstanding care due to the very complex needs and behaviours of the people they supported. The provider and nominated individual were able to share their innovative, pro-active and person-centred care practices which consistently achieved excellent outcomes and significantly improved the quality of life for the people they supported.
- The provider had supported the publication of the information booklet for John's Campaign with the campaign co-founder by providing their knowledge and expertise. John's campaign is a national campaign and is helping to raise awareness of the importance of maintaining family relationships for people living in care homes. Care home providers are encouraged to introduce John's campaign in their homes and become part of a network of health and care providers. It provides advice and guidance in how to implement the campaign and support families to be more involved. The nominated individual told us, "We were the voice of learning disability in there [the booklet]. We worked closely with [the co-founder] supporting other experts to drive it forward. I was invited to speak at the launch of the booklet. We feel really honoured. We do this all the time but for family members, it's not their world."

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

- The management team promoted an open, person-centred, 'can do' culture and had a passion for inclusion and making a positive difference to people's lives. The registered manager completed monthly reports to the provider which were focussed on people, how they were, what they had achieved, and progress made towards their goals. For example, one person had been attending a community meeting about the future of the local gym where they could share ideas and listen to others. They often had conversations with the registered manager about what was said and agreed. Staff, people, relatives and health and care professionals were extremely complimentary and positive about the management and culture of the home and the outcomes for people.
- Relatives and health and care professionals told us they were consistently happy with the excellent person-

centred care at Summerwood. One relative said, "We're very happy with the ethos of Summerwood." Another relative said, "[The registered manager] and the team are fantastic." A third relative said, "The care is excellent." A fourth relative told us, "We took [our family member] on a 14 night cruise. [The deputy manager] came with us and worked so hard, pushing [name] around in her wheelchair. We worked together. We couldn't have done it without her." They told us how their family member had "Loved every minute of it" and "It really was wonderful." This was enabled by the registered manager who arranged the staff rota to facilitate the deputy manager to be away from the service for two weeks.

- A care professional told us, "Summerwood is exceptionally person centred and within their resources will try to deliver care that the service user needs. They try to plan around the person as well as looking out for their staff and giving staff support when they need this. I have found the managers to be very open and transparent and they try to manage staff teams, allocations, activities etc. to be tailored around the service user. Managers are aware of what is going on in the service and are very hands on." Two health professionals told us of their positive experiences and said, "The care and support that my client has received has been exceptional. The managers and staff have all been excellent and kept me well informed about any changes in care, safeguarding or incidents" and, "On previous visits the staff and management have been highly professional and have been very open and welcoming."
- The exceptional commitment, innovation and achievements of the provider and staff consistently resulted in excellent outcomes for people. This had been recognised by regional and national award bodies. The provider had received the Outstanding Contribution Award 2019 from the National Learning Disability and Autism Awards. The registered manager and staff were finalists at the same awards for the Great Autism Practice Award. The deputy manager had been nominated by family members for the Learning Disability Care Worker Award at the Proud to Care Awards and was highly commended. The nominated individual received the Lifetime Achievement Award in Care Award from The Hampshire Care Association Care Awards. The provider was a finalist for the Employer's Award in 2019. This seeks to acknowledge and celebrate an exceptional employer who is committed to their employees delivering an excellent service to their customers, people with learning disabilities or people with autism and their families.

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

- People were at the heart of everything the provider, registered manager and staff did at Summerwood. People were involved in their care and in the running the home as much as they could be. For example, one person had responsibility for going to the supermarket to buy milk for the home each day and we observed them discussing the best place for the bins to be sited in the kitchen with a staff member. They were given the final decision and they were pleased about this.
- A care professional told us about a recent situation which Summerwood had responded to promptly, involving all relevant parties. They told us, "The reason that [Name] moved into Summerwood was due to safeguarding at their previous placement with another provider. [The provider] recently have also employed a deputy manager that was previously [name's] keyworker [at the previous provider] which has also enabled a successful transition to Summerwood. On previous visits the staff and management have been highly professional and have been very open and welcoming."
- Staff enjoyed working at Summerwood and spoke highly of the management team and the provider. They felt valued and supported and were able to contribute their thoughts and opinions which were welcomed. One staff member said, "We always get a thank you for everything we've done. We feel appreciated, recognised for what we do and not taken for granted. Communication is really good. We use [an electronic system]. It's so easy. I read it and do what I've been asked to do. We have read and sign sheets [any changes to support plans or information]. You have to read and sign to say you've read it. They do check! I love my job. I have never not wanted to come to work." Another staff member said, "I have never felt so comfortable around managers as I do here. We can come in and talk, we can ask anything. It's been a confidence boost and makes me feel appreciated." Another staff member told us they were encouraged to share any concerns

about people and they were always listened to and felt part of finding solutions.

- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.
- People, relatives and staff completed annual quality assurance questionnaires. The feedback was analysed and included in the service improvement plan as required. Relatives told us communication with the home was excellent and they had on-going opportunities to ask questions or give feedback.

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

- The provider, management team and staff demonstrated exceptional commitment to ensuring the service was safe, person-centred and met the high quality benchmarks it had set. A robust reporting structure ensured the nominated individual and the provider had up to date and regular oversight of the home. The flat management structure meant the nominated individual and provider had direct contact with the registered manager and provided support and hands on assistance with developing the home.
- Regular checks of safety and quality were made to ensure people were protected and information was used to improve the environment, the quality of the service and to make sure people were safe and happy with the service they received. Excellent examples of this are consistently shown throughout our report.
- An electronic care system had been implemented and was used to record care interventions and any significant incidents which could be analysed and used to develop strategies for improving outcomes for people. These were used to support on-going behaviour management plans. For example, all data for one person's recorded behavioural incidents had been sent to their psychologist. They analysed the data and provided the staff with a written report which included pro-active and re-active strategies for them to use when supporting the person.
- Areas regularly audited included; care files, health and safety, medicines and infection control. A maintenance plan was in place and in progress. The provider was sensitive of the need to balance service requirements with people's personal circumstances. For example, an entry in the maintenance plan stated, "The kitchen and ground floor bathroom had been intended for replacement and upgrading during the latter part of 2019. However, due to palliative care-giving for [one person] and also transition planning for another, it was not felt appropriate to cause the level of upheaval, change and intrusion that such major works could cause at a sensitive time. It would not have been appropriate nor desirable to introduce workmen into the service during a difficult time for both staff team and residents. It was therefore agreed to reschedule works for 2020. In view of this, the oven/range cooker was replaced as an interim improvement, as well as the small freezer in the kitchen."
- The registered manager and nominated individual understood the requirements of the Health and Social Care Act 2008 regulations. They had ensured they had communicated all relevant incidents to CQC as required. They kept us informed of other incidents and events, even when formal notifications weren't required.

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 registered manager and nominated individual understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Relatives confirmed the registered manager kept them informed and discussed any incidents or accidents with them.