Gary Richard Homes Limited

Halland House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Halland Hose on the 12 June 2017 and the inspection was unannounced. Halland House provides care and support for people living with learning disabilities and complex communication needs. The service is registered to accommodate up to 30 people, and is split across three separate residential units. At the time of our inspection, there were 27 people living at the service.

At the last inspection on 28 April 2015, the service was rated 'Good'. At this inspection we found some areas of practice that need improvement, however the overall rating for Halland House remains as 'Good'. We will review the overall rating at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been made and sustained.

Environmental health and safety checks took place on a regular basis. However, monthly water temperature checks identified that the service's hot water in communal bathrooms was running above 44c. Guidance produced by the Health and Safety Executive advises that hot water in care homes should not exceed 43c. The provider was responsive to our concerns; however, documentation reflected that water temperatures had been running above the recommendation temperature for the past three months. No harm had occurred to people; however, we have identified this as an area of practice that needs improvement.

Staff continued to demonstrate a good knowledge and understanding of the Mental Capacity Act (MCA 2005). Mental capacity assessments were in place but had not considered people's ability to make a capacitated decision about living at the service when an application for deprivation of liberty safeguard had been made. Improvements were made during the inspection. However, we have made a recommendation about the oversight of mental capacity.

People were encouraged and supported to eat and drink well. Care plans included clear guidance on people's nutritional needs and the level of support required. There remained an open, transparent culture and good communication within the staff team. Staff spoke highly of the registered manager and their leadership style. There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place.

People continued to be protected from the risk of potential abuse. Staff were aware of the signs of abuse and understood the safeguarding procedures in place about how to report any concerns to protect people from possible harm. Staff assessed risks to people and the registered manager put plans in place to reduce the impact of those risks.

Staff continued to receive the training and support they needed to undertake their roles. Staff attended specific training to help enhance them to understand people's individual needs and how to support them. The management of epilepsy and seizure's remained safe. Clear guidelines were in place and all staff had received training in the administration of emergency medicines.

People continued to receive individualised care. People's needs were assessed to identify each person's needs and wishes. People had care plans that staff regularly reviewed to ensure people received support in line with their changing needs and preferences. The service worked positively with healthcare professionals and organisations to ensure people's needs were met.

Staff told us they continued to work as part of a team, that the home was a good place to work and staff were committed to providing care that was centred on people's individual needs. There was a strong caring culture in the care and support team.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicines safely when they needed it.

Staff continued to treat people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. Staff were skilled to approach people in different ways to suit the person and communicate in a calm and friendly manner which people responded to positively. People's preferences and social needs were respected. Activities were many, stimulating and varied and people were supported to maintain links with the community and their relatives.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Halland House was not consistently safe.

Risks associated with ongoing hot water temperatures had not been fully mitigated.

Staff received training on how to safeguard people and were clear about how to respond to allegations of abuse.

The management, administration and storage of medicines were safe. People's needs were taken into account when determining staffing levels. There were risk assessments in place to ensure people's safety and people were able to take risks to promote their independence and quality of life.

Is the service effective?

Good

Halland House remains effective.

Is the service caring?

Good

Halland House remains caring.

Is the service responsive?

Good

Halland House remains responsive.

Is the service well-led?

Good

Halland House remains well-led.

Halland House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 June 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spent time with people who lived at the service. We spent time in the lounge, kitchen, and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. Some people were unable to use structured language to communicate verbally with us, so we took time to observe how people and staff interacted at lunch time and during activities. We spoke with seven people, the registered manager, assistant manager, director, maintenance worker, a member of the day care staff team and five care staff.

We reviewed two staff files, six care plans and associated risk assessments, four weekly staff rotas, medication records, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, quality monitoring documentation, meeting minutes and surveys undertaken by the service. We also looked at the menu and weekly activity plans.

We 'pathway tracked' three of the people living at the home. This is when we looked at people's care

documentation in depth; obtained their views on their experience of living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We last inspected Halland House on the 28 April 2015 when it was rated as 'Good.'

Requires Improvement

Is the service safe?

Our findings

Due to some people's communication needs, not everyone was verbally able to tell us if they felt safe living at Halland House. Observations of care demonstrated that people were comfortable in the presence of staff. People's behaviour also showed us they felt safe. Those who could communicate verbally told us they felt safe and we observed that when people needed support there was always a staff presence to provide reassurance and guidance where appropriate. One person told us," I like it here. I've got my flat with my furniture in it." However, despite people's positive comments and observations, we identified an area of practice that was not consistently safe.

Regular health and safety checks took place which considered emergency lighting, fire door closure checks, weekly fire alarm tests and visual checks on the fire extinguishers. Health and safety checks also included the safety of window restrictors throughout the building. A staff member told us that window restrictors were visually checked but that check was not recorded. During the inspection, we identified a number of windows where the window restrictor exceeded the recommended limit as advised by the Health and Safety Executive. These windows were on the first floor on the service which meant there was a potential risk of people being able to climb out of the windows. We also identified two windows where there was no window restrictor in place, which posed as a safety risk. The inspection team also identified two skylight windows which could be opened with foreseeable force if a person was determined to leave the service. Following a safety incident at the service, we brought these concerns to the attention of the registered manager who confirmed they had identified these concerns and were working with a glazing company to address the issues. However, in the interim, the registered manager took action sent us confirmation of 30 new window restrictors they had ordered and were implemented two days after the inspection.

Guidance produced by the Health and Safety Executive (HSE) advises that water temperatures within care homes should not exceeded 44c. Water temperatures above 44c place people at risk of scalding. The monthly water temperature checks from 10 March 2017 to 2 June 2017 reflected that water temperatures were running at 44c, 45c and on a couple of occasions 46c. Documentation failed to reflect what action had been taken, whether the water valve was readjusted or whether the temperature was tested again. We brought these concerns to the attention of the registered manager who confirmed that this had been identified as an issue. They told us, "Due to the nature of the building, if we adjust the water temperature, if runs hot in one part of the house and cold in another. However, we acknowledge it shouldn't run past 44c." Incidents and accidents reflected that no harm had occurred to people as a result of the hot water temperatures. However, there was a risk of harm, as the hot water temperatures had been running at above 44c for the past three months.

Although the registered manager was responsive to our concerns, and subsequent to the inspection sent us confirmation that a plumber would be attending the service to adjust the water temperatures. Documentation reflected that the hot water had been running at exceeded temperatures for the past three months. Although the water temperature was running at one or two degrees above the recommendation temperature, there was a potential risk of scalding. The provider had also not consistently consulted nationally recognised guidance when assessing people's risk of scalding. For example, bathing care plans

did not advise whether to assess whether people's sensitivity to water temperature was impaired; if they would be able to advise if the temperature was too hot, if they would be safe to be left alone in a bathroom with the bath running, or if they are likely to add water if unattended or whether the person would be able to react to hot water. We have identified this as an area of practice that needs improvement.

The management of medicines remained safe. Systems remained in place for the safe storage, administration and management of medicines and people confirmed they received their medicines on time. Medicines were only administered by senior care staff who had completed additional training and competency checks. Documentation confirmed that night staff were competent in administering emergency medication but were not trained to administer other medicines. We raised concerns with the registered manager as to what happens if a person requires medication during the night shift. The registered manager told us, "If a person had a headache, the night staff could administer a homely remedy paracetamol any other medication they would need to call the on-call manager. In the past couple of years, we haven't been contacted by night staff to come in and administer medication." Some people were prescribed PRN 'as required' medicines which could be administered over a 24 hour period. For example, one person was prescribed an anti-psychotic medicine to be administered if they displayed behaviours which challenged and other steps to manage the behaviour had not been successful. Documentation failed to reflect how that medicine would be administered at night time. We brought these concerns to the attention of the registered manager who was responsive to our concerns. Action was taken during the inspection to address this.

When administering medicines, staff continued to followed best practice guidelines. For example, staff checked with the person they were happy to take their medicines and explained what it was for. They checked the person had a drink of their choice and only signed the Medication Administration Record (MAR chart) once the person had taken their medicine. One staff member was observed explaining to someone that they took six tablets a day. People were clear on the reasons why they took their medicines. One person told us, "I have five tablets a day." Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

There remained robust recruitment processes in place to assess the suitability of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. All relevant documentation was in place such as proof of identity and a recent photograph. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting.

Systems continued to be in place on how to respect people's rights and keep them safe from harm or abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One staff member told us, "If I had any concerns I would report them to the manager." Staff continued to be aware of the service's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the service.

Risk assessments continued to be carried out to identify any risks involved in people's care. Risk assessments covered a range of areas including; choking, moving and handling, bathing and falls. For example, one person enjoyed sitting out in the sunshine. Their care plan and risk assessment identified the risk of sun burn and included clear guidance to mitigate that risk. Guidelines included the use of a sun hat and sun screen.

Guidance produced by the epilepsy society advises that epilepsy can be more common in people living with a learning disability. Where people had a diagnosis of epilepsy, clear guidance and risk assessments remained in place. Guidance included on when medical care should be sought. For example, the risk assessment for one person identified that emergency medicines should be administered if a seizure lasted for more than five minutes. If the person continued to experience a seizure after 10 minutes to administer a second dose of emergency medicine and contact 999. Epileptic seizure monitoring charts were in place along with seizure reports which included documentation on the person's mood before the seizure, activity prior to the seizure, description of the seizure, duration and recovery following the seizure. This demonstrated that the overall management of epilepsy and seizures was safe.

There remained sufficient staff to ensure that people were safe and cared for. Staffing levels were based on people's individual needs and consisted of seven care staff in the morning and six in the afternoon. In addition to this, the service also had a dedicated team of day care staff who also supported people with personal care and support when needed. The registered manager told us, "We have a baseline of staffing levels but most staff members have received training, so can step in at any time. For example, the maintenance worker, use to be a care staff member, so they will step in and provide support at mealtimes and other busy times." Staff rota and allocation sheets reflected that the provider was maintaining their baseline level of staffing with occasional support from agency staff. The registered manager told us, "We are recruiting to some vacancies and in the interim we do use agency staff, but we try and use the same agency to promote continuity of care."

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the people living at Halland House. People told us they enjoyed living at the service and staff confirmed they felt supported and valued within their role. One staff member told us, "I've been working here nine years and I love it. I love socialising with all the 'residents'." Another staff member told us, "I feel very supported here, the training is very good."

People continued to receive the support they needed to manage their nutritional intake. There was clear individual guidance about how to support people safely and effectively with eating and drinking. For example, if people needed a soft or pureed diet. We spent time with people and staff during lunchtime. Staff actively involved people in the preparation of lunch. In each unit, staff prepared lunch in the kitchen with people in the dining room watching and being involved. Staff explained what they were making and empowered people to make their own decision by physically showing them the options. For example, people could choose between a chicken or corn beef sandwich and staff showed them the packets to enable them to decide. Where people requested other options, this was respected. One person asked for a cheese sandwich and staff prepared that for them. Where people required support with eating and drinking, staff sat down with them and provided support in a kind and sensitive manner, talking about the day ahead. Where people were at risk of choking, staff followed guidelines by sitting opposite and encouraging them to slow down by gently placing their hands over the person's hand. People's independence with eating and drinking was also promoted and some people had specialist cutlery and plate guards to enable independence with eating and drinking.

Throughout the lunch time experience, staff regularly involved people and explained what they were doing. For example, one staff member explained, 'we'll get some yoghurts out in a minute. Is that ok' The person confirmed to the staff member that they were happy with that. Staff then advised that they had yoghurt or fruit as well and explained what flavour yoghurts they had. We observed one staff ask a person which flavour yoghurt they would like in a different order so they could establish which one they actually wanted and that the person was not just echoing their words. After lunch people were offered the opportunity to clean their hands.

There remained a strong emphasis on training and continued development throughout the staff team. Staff undertook an induction programme at the start of their employment at the service and staff that were new to care were supported to undertake the Care Certificate. The Care Certificate had been introduced for new staff as part of their induction. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care homes are expected to uphold. Records and certificates of training confirmed a wide range of learning opportunities were available for all staff. Staff completed training in epilepsy awareness, equality and diversity, dementia care and behaviour workshops. Staff spoke highly of the training provided. Staff also had the opportunity to complete training specific to the needs of people they supported. For example, all staff were trained in the administration of emergency epilepsy medication. One staff member told us, "The training is very good. If we request any training, it is always provided." Care staff continued to receive one to one supervision sessions on a regular basis to review their performance and development needs.

Staff continued to work in partnership with external health care professionals to promote good outcomes for people. People had regular access to GPs, chiropodists, dieticians and Speech and Language Therapists (SALT). The registered manager told us how they worked in partnership with the local learning disability team from the local authority. For example, we saw one referral where the registered manager had requested input to manage the administration of a person's covert medicines. Where people required medical attention outside of the service, for example in London. Staff remained dedicated to make the experience a pleasant one. For example, staff told us how they made a day out of it by going for lunch and to the zoo or to see a show. Each person had their own health action plan and hospital passports. Hospital passports were specifically designed for people with learning disabilities by the NHS. It includes key information on people's medical background, along with important information staff should know about them. This included information that is important to the individual along with key information on their health and social care needs.

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. Training records confirmed staff had received training and staff spoke confidently about how they worked within the principles of the Act. One staff member told us, "We always gain consent from people. For people who can't verbally communicate, we have learnt the signs which indicate they are not happy and haven't consented." Mental capacity assessments were in place for some specific decisions. For example, a mental capacity assessment had been completed about night staff putting a person to bed at a specific time and it was agreed that they lacked capacity and it was in their best interest. However, for other specific decisions, we found mental capacity assessments were not in place. Where Deprivation of Liberty (DoLS) applications had been made, the management team had not initially completed a decision specific mental capacity assessment to reflect that the person lacked capacity to consent to living at the service. We brought these concerns to the attention of the registered manager and assistant manager who were responsive to our concerns and took action immediately. During the course of the inspection, they provided us with evidence of decision specific mental capacity assessments.

Staff understood the importance and principles of the MCA and the provider and registered manager took immediate action to ensure decision specific capacity assessments were in place. However, we recommend the management team reviews their internal oversight of the MCA and how they monitor their compliance with legal requirements.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager told us, "Due to being based on a busy road and the gate in place, we have applied for DoLS for everyone. Some have been authorised and we are awaiting the outcomes of the other ones we have applied for."

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people living at Halland House in a manner which was kind, compassionate and caring. Staff adapted their communication style to meet the needs of each person. People's privacy and dignity was upheld and staff supported people in a manner which promoted their autonomy and freedom. One person told us they enjoyed living at Halland House as they already knew people from a local day centre when they moved in so they already had friends.

People were not always able to tell us about their experiences. We observed that people had good relationships with staff members and they were happy and comfortable in their presence. Staff had developed positive relationships with people. With pride, staff spoke to us about people's likes, dislikes and how they supported people. One staff member told us, "I support one lady who is very confident, loves to talk and enjoys trips to the local pub." Another staff member told us, "We support one person who is a lovely gentleman and has a range of teddy bears which they enjoy holding and sleeping with at night." People's likes and preferences were also documented throughout their support plans. For example, even before meeting a person from reading their file we could identify their favourite activities and what they enjoyed doing.

Care continued to be delivered by staff in a patient, friendly and sensitive manner. We observed and listened to interactions between people and staff throughout the duration of our inspection. We saw numerous examples of positive and caring interactions, including mealtimes, staff supporting people in personal care and staff supporting people within the day centre. For example, staff noticed that one person's glasses had slipped down their nose. Staff gained the consent if it was ok to readjust their glasses for them. Staff also recognised the importance of hugs and kisses. During the inspection, people approached staff for hugs which staff happily responded to. One person was seen kissing staff's hand which staff replied, 'thank you.' Throughout the inspection, staff worked in an unobtrusive way but always maintained a watchful and caring eye on people in case they required support.

The atmosphere in the service remained calm and relaxed and staff spoke to people in a caring and respectful manner. People were encouraged to treat the service as their own. People's bedrooms were highly personalised to their own tastes and preferences. For example, one person was a huge fan of old fashioned cowboy films and we saw this was reflected within their bedroom. People's right to privacy continued to be respected and upheld. Staff described how they conducted personal care in a private and discreet manner. Staff told us that they knew how people communicated if they wished for a change of environment. Staff were respectful when people wished to have time away from others. For example, staff told us about one person who in the afternoons preferred to spend time in their bedroom watching films rather than joining in activities.

For people living with a learning disability, good communication ensures that people can express themselves and make sense of the world around them. Staff continued to demonstrate a good knowledge of how best to communicate with people. One staff member told us, "We support one person with no form of communication. However, I always explain what I am doing and they seem to have good eye contact. If they

are waving their hand or jumping up and down that indicates they are not happy or agitated." Staff utilised a range of communication tools to engage with people including some Makaton signs and one person had an electronic talking box. They engaged with inspectors throughout the inspection using their electronic talking box.

People were still able to maintain relationships with those who mattered to them. Staff and the registered manager told us how they supported people to maintain relationships with family members that were important to them. The registered manager told us. "Staff collect one person's relative and bring them to Halland House so they can see each other and every couple of months, staff support one person to go to London to see their family."

Guidance produced by the Social Care Institute for Excellence (SCIE) advises on the importance of choice and control for people within care homes and empowering people to retain their identify. Staff continued to recognise the importance of supporting people to maintain their individuality and identity. Staff told us about one person who enjoyed dressing smart and how that was integral to their well-being. This was clearly reflected within their care plan which stated, '(person) loves their jewellery, handbags and teddy bears. Every morning, they will choose what clothing, necklaces and handbag and teddy bear they want to have for the day. (Person) likes to look smart and clean every day.'

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. For example, staff promoted some people's independence by encouraging them to clear away the tables after meal-times. In Emerald unit, there was a kitchen where people could also support staff with food preparation and get involved in shopping. With prompting and encouragement from staff, some people were also encouraged to promote their independence with cleaning their bedroom.

People's wishes at the end of their life continued to be explored and sensitive end of life care plans were in place. These were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted. Staff told us about the death of a person and how this affected them all. They added that they were going to put a remembrance stone in the garden as a way to remember and honour the person's life.

Staff continued to be aware of how to access advocacy services for people if the need arose and the registered manager confirmed that advocates had been sourced for some people who had no living relatives. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

Good

Is the service responsive?

Our findings

People received support that met their needs and was personalised to their individual choices and preferences. Individualised weekly activity planners were in place which demonstrated that people lived meaningful and active lives which met their social, emotional and psychological needs. One person told us, "I like colouring in and I like my room." They also added that they had made a basket whilst living at Halland House and staff confirmed that this now lived in their bedroom.

There remained a proactive approach to care planning. People's needs were assessed before they came to live at the service to ensure that their care and support needs could be met there. This assisted staff to deliver responsive care and support. Following the pre-admission assessment, individualised care plans were devised. The aims of the care plan included for the team to work consistently in their approach, to provide a safe environment and to work towards improving the quality of life for the individual. The registered manager told us how people were offered the opportunity to come and stay at Halland House for a couple of nights as part of the pre-admission assessment to see if they liked it and got on with other people living there. Care plans covered a range of areas including; personal care, nutrition, communication, night care, medication and mobility.

Care plans contained information about people's lives before they moved into the service; it captured their personal life story, their interests, social and emotional needs. Information of this nature helped provide staff with an insight into people's lives before they moved into the service. It enabled staff to build and develop relationships with them and provided greater understanding of people's holistic needs. For example, one person's care plan identified that they loved Disney films and enjoyed walking around with either a book or DVD. The person-centred information that was available ensured the support planning process was comprehensive and effective.

Guidance produced by Skills for Care advises that behaviours which challenge can arise for different reasons, often personal to the individual. Staff continued to be knowledgeable about behaviours which challenge and told us how they provided responsive and personalised care. One staff member told us, "We have one person who can be verbally aggressive, hit out and call staff names. The calmer we are, the calmer they are and we understand that its part of their health care condition. We have clear guidelines in place and we say, would you like to go to your bedroom. Usually they say yes and we take them to their bedroom, put the TV on for them and they calm down." Some people were administered medicines to manage their behaviour but staff were clear that they were only to be administered as a last resort once all steps had been exhausted.

The use of technology remained integrated to enable staff to provide responsive care. The registered manager told us, "People are living longer and we are now supporting people living with dementia, therefore we have identified that we need to adapt the environment and be flexible. A couple of years ago, we updated our call bell system and gradually we are adding to it. For example, with the call bell system we can add door alarms and sensor alarms which alert staff if a person is having a seizure." One person had a seizure mat in place which alerted staff if the bed wet as that indicated the person could be experiencing a

cluster seizure.

People remained supported to pursue social interests and activities that were important to them. The service had a dedicated day centre on site. The registered manager told us, "We have a team of staff who run the day centre and activities are held every morning between 10.15am and 12.15pm and then again in the afternoon from 14.00pm to 16.00pm. During the inspection, we spent time with people in the day centre. People were engaged with a wide range of activities. Some people spent the morning sewing and engaging with puzzles and drawing. Staff commented to one person who was sewing, 'wow that's very clever.' Staff then supported the person to find some more beads to include within their sewing whilst chatting to them. One person with limited verbal communication who was initially engaged with a puzzle indicated to staff that they wanted to make a necklace. Staff then supported them to make a necklace and later during the inspection, the person proudly showed inspectors the necklace they had made. The service had a range of animals on site which included rabbits, guinea pigs, tortoises and ducks. Twice a week, staff held animal husbandry sessions where people helped to feed the animals and clean out their animal shelters. On the day of the inspection, one person was observed taking a bowl of food out to the ducks and staff advised that they had also cleaned out the duck house that morning. Staff told us, "They enjoy looking after the duck and won't let anyone else as it is their job."

Individual weekly activity planners remained in place which were personalised to people. A staff member told us, "Activities are adjusted to people's abilities. For example, one person can do sewing but can't pick up the beads, so we help with that. There is a lot of sewing projects in the manager's office made by a resident and given to the manager. We try and get everyone out at least twice a week. Whether it's for a walk, going swimming at the local hydrotherapy pool and we also do performing arts once a week. Every year, some people put on a play for family and other people at a local hall." With pride, staff members showed Inspectors the photographs from last year's show where people were dressed up in costumes and people with an electronic talking box had lines saved into it so they could talk within the show as well. People remained supported to go on holiday and enjoy that experience. People told us how they had been on holiday to Devon, New Forest and Lanzarote. Minutes from the latest 'resident holiday meeting' in January 2017 reflected that people were asked if they wanted to go on a plane or stay in the UK. People voted to go on a plane and were then asked where they would like to go. People requested to go back to Lanzarote and hotels and activities were discussed with people.

Arrangements remained in place for the provider to listen to and respond to any complaints. A copy of the complaints policy was available in the entrance hall of the service and people told us if they were worried about anything they would talk to the registered manager. Halland House had not received any formal complaints in over a year.

Good

Is the service well-led?

Our findings

Everyone we spoke with shared the same determination to provide quality support to people. It was important to the registered manager and staff that this was done while maintaining a relaxed homely atmosphere. Staff spoke highly of the registered manager and the management team. One staff member told us, "The registered manager is approachable and very friendly."

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

There remained an open culture that put people at the centre of their care and support. The registered manager told us, "The service was initially a children's home and many people living here now were placed here when the home first opened. I believe it transitioned to an adults care home in the 1980s and we have the ethos that this is people's home for life. The father of one resident brought the home back in the 1980s with that ethos in mind. That resident still lives here now." The registered manager had been working at the service for the past 19 years and told us that many staff had also been working at the service for a number of years. In return this promoted a stable and secure environment for people.

People and their relatives remained empowered to contribute to improve the service. Quality assurance satisfaction surveys were provided to people and their relatives on a regular basis which helped drive improvement. The registered manager told us, "When we hold our yearly case reviews, we hand out these surveys as we like to give them to relatives in person rather than posting them." Comments from returned satisfaction surveys included; 'extremely homely and person centred.' The registered manager commented, "I analyse all the feedback and take forward any actions. This year, we haven't received any negative feedback from the surveys; therefore we are considering changing the questions to help us get more feedback." Staff meetings continued to be held on a regular basis and provided a forum for the registered manager to communicate with staff and for staff to share ideas. Meeting minutes from the staff meeting in May 2017 reflected that handover, recruitment and the provider's dress code was discussed.

There remained systems in place to review the quality of all aspects of the service and the registered manager was dedicated to making continual improvements. The provider undertook quarterly inspections which considered various aspects of the service and how improvements could be made. Regular environmental audits were carried out and recorded and any identified needs for repairs or replacements passed to the maintenance worker to carry out. The registered manager did not complete their own medication audit but received the input from a pharmacist who conducted regular audits and where recommendations were advised these were acted on. The management team continued to audit behaviour charts to identify any trends, themes or patterns. During the inspection, we queried if the registered manager completed any audits which demonstrated how they were meeting the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered manager told us, "We don't do have specific audits but this is something we can implement." Subsequent to the inspection, the

registered manager sent us a copy of the audit framework they were going to implement.

The registered manager remained open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service. The registered manager told us how they attended care home forums in the local area which supported them to remain up to date with changes in policy and legislation. The service's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially. They were archived and disposed as per legal requirements.

The service continued to maintain good links with the local community. The registered manager told us, "Each year we participate in the festival of trees which is held at our local church. Our 'residents' make decorations to go on a tree which they then go and decorate themselves at the church, which is then shared with the local community. The 'residents' take great pride in what they produce for other people." People remained supported to visit local artists and events in the local community. For example, one person spent time visiting a local artist studio. Supported by staff, they created a canvas which now hangs in the main house. The registered manager told us that the person was extremely proud of their art work. One person was invited to attend the 40th anniversary of a care home they use to live in. Staff supported them to attend and staff commented that they thoroughly enjoyed themselves.

The culture and values of the provider and the service remained embedded into every day care practice. Staff told us how they enjoyed working at Halland House. One staff member told us, "I thoroughly enjoy working here." Another staff member told us, "I love it here." Staff felt the key strength of the service was its homely atmosphere and staff's dedication to ensuring people lived a happy life. Over the years, the registered manager and provider had received a number of compliments from relatives and health care professionals. Recent compliments included, 'I know he is well looked after."