

Harley House Care Home Limited

# Harley House Care Home Ltd.

## Inspection report

10-12 Elms Road  
Leicester  
Leicestershire  
LE2 3JE

Tel: 01162703672  
Website: [www.harleyhousecarehome.co.uk](http://www.harleyhousecarehome.co.uk)

Date of inspection visit:  
24 November 2016

Date of publication:  
06 January 2017

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 November 2016. This residential care service is registered to provide accommodation and personal care support including nursing care for up to 28 people. At the time of the inspection there were 28 people living at the home.

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

The registered manager was inspiring and dedicated to providing care which met the highest of standards. They strived for excellence through consultation, research and reflective practice. They were passionate and dedicated to providing an outstanding service to people. They led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans.

The service was exemplary in responding to people's needs and preferences. People were supported by a service that was devoted to getting to know the people and family's they supported. Relatives told us the service was responsive and well managed. Relatives knew the registered manager. The service sought people's views and opinions and acted upon them.

All of the staff team had an exceptional understanding of people's social and cultural diversity which enhanced people's sense of wellbeing and ensured every person living in the home was valued.

People were supported with care and compassion and there was an ethos of care which was person centred, valuing people as individuals. People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them from the moment they moved into the service.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely. People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff

received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There was guidance in relation to the MCA and people were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, registered provider and staff ensured that people were supported in ways that did not restrict their freedom and were supported appropriately to uphold their rights.

A variety of choices of food and drinks were offered at the home. Staff supported people to eat and drink with patience and dignity. People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. People who used the service were supported to obtain the appropriate health and social care that they needed.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes. People were able to raise complaints and there was an easy read guide to support people through the process.

Robust quality assurance reports had been developed, incorporating all elements of requirements relating to legislation, Care Quality Commission guidance, best practice guidelines, along with evidence of how each area was being met. Continual auditing was carried out to ensure the safety and quality of care that was provided, using information from the audits to drive continual improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff provided kind, dignified and respectful care to people. Staff knew people well, and acknowledged individual needs and

preferences.

People were supported to express their views using a range of methods. People were encouraged to influence how the service was run, and were involved in the recruitment of staff.

People were treated with dignity and respect. Relatives and friends were encouraged to contribute to care planning.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes.

### **Is the service responsive?**

The service was outstanding in responding to people's needs and preferences.

All of the staff team had an exceptional understanding of people's social and cultural diversity which enhanced people's sense of wellbeing.

The service was devoted to getting to know the people they supported.

There was a clear focus on the importance of knowing people's histories and involving relatives at every point of people's care.

The service delivered a high standard of personalised care that was embedded within staff practice.

People had access to a wide range of meaningful activities which were tailored to individual needs.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

The service had a positive, person-centred and open culture.

The registered manager and the provider were dynamic and led by example, continually seeking to improve what the service offered to people.

Robust quality assurance processes ensured continual monitoring of safety, quality and effectiveness of the service.

**Outstanding** 

# Harley House Care Home Ltd.

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 24 November 2016. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 16 people who lived at the home, five relatives, one nurse, five care staff, the assistant chef, a kitchen assistant, one housekeeper, the registered manager and the provider.

We looked at care plan documentation relating to six people, and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and a quality assurance report from one of the commissioners.

We spent some time observing care to help us understand the experience of people who lived in the home.

# Is the service safe?

## Our findings

People felt safe where they lived. One person said "I love living here; I am really happy." It was clear through observation and general interaction that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One care staff said "If I thought no-body was listening to my concerns I would report it; we are here to make sure people are safe; no hesitations." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as the risks associated with moving and handling, falls and epilepsy. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had decreased or increased their risk assessment reflected their changing needs and the change in any mobility equipment they required. People's care plans provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, one person was supported with a rehabilitation program; their risk assessments advised staff to encourage the person to stand still after rising before they took their first steps to ensure the person was stable and was not experiencing any dizzy spells before commencing to walk.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. People told us there were staff available when they needed them. One person said, "There is always staff, I like my own space but I know staff are downstairs if I need them." One relative told us "There is always a member of staff about; I have never had to go looking for a member of staff if I wanted to ask them something." Staff told us they felt there was enough staff available to meet people's needs and to ensure people received good support throughout the day and night. The registered manager spent some time around the home to help support people whenever they could and to observe staff's practice. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People we spoke with told us that staff gave them their medicines when they were supposed to and relatives said they were happy with the way staff managed their relations' medicines. One person told us, "Sometimes the tablets got stuck in my throat but they [nurse] have changed it for me now so I have a syrup [liquid medicine] which is easier to swallow." We found the medicines systems were organised so that people were receiving their medicines when they should. Staff were following safe protocols and records showed that the deputy manager looked at ways of continually improving their medicines systems. Each nurse who administered people's medicines had undergone an observed competency assessment. These

were undertaken annually and as well as observing the nurse throughout an administration process they included the nurse's reflection on their practice. Records showed that nurses had commented this had been a positive experience and had provided them with an opportunity to reflect on their practice.

Some medicines required a second member of staff to witness the administration; care staff that acted as a witness underwent a medicines competency assessment. This was to ensure they understood the procedures to be followed and their responsibilities when witnessing the administration. Care staff were also assessed for their competency in applying any creams and ointments. These competency assessments were also undertaken annually. Robust audits were carried out by the nursing staff and registered manager to ensure medicines were stored, managed and administered safely.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Nursing staff registrations were checked for validity and renewal dates and this process was followed up on a regular basis.



# Is the service effective?

## Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. People who used the service and their relatives we spoke with consistently praised the skills of staff working in the service. One person said "The staff are very well trained, they are always having a different training course to go to." A relative told us "All of the staff are trained to a high level, the care staff know what they are doing with the oxygen and if they have a concern they get the nurse to check; but they all know what they are checking."

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on manual handling, dementia awareness and health and safety. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I had a really good induction and was given plenty of time to read the residents' care plans and get to know them before I worked on my own with them. I never felt rushed to start working on my own." The provider was following good practice guidelines for newly recruited staff and all new staff who didn't have a care qualification undertook the Care Certificate.

The provider's mandatory training and service specific training was refreshed annually. Staff spoke positively about the training they received, one care staff said "The training I completed on dementia awareness was brilliant; it taught me how to look for signs of distress and how to re-engage with people. It has really helped me in my role." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

The nurses employed in the service were given support to keep up to date with and develop their clinical practice. The registered manager supported each nurse's revalidation of their registration with the Nursing and Midwifery Council by supporting them with their professional development.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision, although I don't need to wait for supervision to talk about anything [with the manager/team leader] I can just bring concerns up."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to make decisions and choose what they did on a day to day basis. People told us they regularly made choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit and we observed staff gave people information to enable them to make an informed choice. On one occasion a person was unsure about whether they wanted to eat downstairs with some other people who lived at the home, we observed a care staff kindly reminding the person how they enjoyed their last meal in the company of others and reminded the person of people who would also be sitting in the main dining room.

People were provided with whatever support they needed to eat and drink well. One person who used the service told us, "There is always something on the menu that I like, and the chef comes and asks us every day what we fancy having." A relative told us, "[Family member] likes the home cooking, the meals are so varied and visitors always get offered meals as well." Staff told us they felt people were supported to eat and drink the amount they needed to promote and maintain their wellbeing. The assistant chef told us, "We have a menu of people's choices but in reality they can have whatever they want, we are always happy to cook something different if someone doesn't want what is on the menu, we aim to please everyone."

The menus were varied and always included a main choice of meals that accommodated the diverse culture in the home. The assistant chef told us "It is important that everyone benefits from the menu, so we always have at least three main choices each day." One person told us "My family brought a special recipe in for the chef so they can cook my curry how I like it; the chef didn't mind at all."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People who had difficulty swallowing were referred to the Speech and Language Therapy Team and the NHS Dietician. Staff had clear guidance on how people needed to be supported to eat their food; in particular the texture of their food and the thickness of their drinks. People had access to specialist cutlery and crockery to help maintain their independence with eating that met their assessed needs. For example plate guards and lidded beakers.

People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. The care plans of five people showed they were nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. We saw this had been effective with all five people gaining some weight since admission to the service. Staff told us they felt people were supported with nutrition and the chef makes their own fortified mousse and yoghurts and desserts which are used as additional snacks throughout the day for those who were assessed as nutritionally at risk.

A proactive approach to healthcare needs was used to support people with health issues. From the point of admission to the service people were assessed in relation to their health needs so that care plans could be implemented to ensure they received the monitoring and support they needed. The registered provider ensured effective healthcare by monitoring clinical health indicators such as blood pressure and

respirations and responding to changes. We saw this included planning people's care based not only on people's current health but also preparing for the risk of health decline in relation to their known medical conditions, and how their support may need to change to reflect this.

People's health and wellbeing was then closely monitored. A monthly clinical profile identified any interventions that had taken place for each person, such as whether they had been given any new medicines, had a GP visit or contact with the out of hour's service. This also identified if the person was facing any risk to their health and wellbeing, such as the risk of tissue damage or weight loss. Where people had long term health conditions there were comprehensive care plans in place. For example one person had diabetes and there was an in-depth assessment of how the condition affected the individual, what risks were presented and what measures were needed to keep the person's blood sugars stable and minimise any complications to their health.

People told us they were able to access their own GP whenever they wanted and also had access to opticians, dentists and chiropodist. We saw that records of these health professional visits were detailed in each person's file which included any treatment carried out or medicines prescribed and details of any follow up appointments. The service always ensured that letters from health professionals were available in the person's first language to enable people to be able to read and understand their own correspondence.

## Is the service caring?

### Our findings

People were treated with care, compassion and great kindness. People, their relatives and professionals involved in the service consistently commented on the exceptionally caring approach the staff at the service provided. One person said, "The staff are without exception; brilliant." Another person said, "I cannot fault them; honestly, I really couldn't ask for better staff to look after me; I am so happy I chose to live here and I boast about it to my visitors." One person's relative complimented the whole staffing team. They said, "All the staff bring something special to the home; it is in my opinion the best home in Leicester."

The registered manager was passionate about ensuring all of the staff understood how to meet people's needs in relation to their diverse cultures and backgrounds. Staff were provided with information on people's individual religious beliefs; which detailed what was important to the person and how to support them specifically in relation to their cultural wishes. Religious festivals were celebrated throughout the home which involved decorations and a special celebratory menu specific to the celebration. For example Diwali [Hindu festival of lights] and Vaisakhi [Sikh new year festival]

There was an exceptionally diverse staff team that had been specifically recruited to meet the needs of everyone in the home. Staff spoke a range of languages to ensure they could communicate effectively with people and to create an inclusive person centred approach. The staff team had been proactive in ensuring that communication would never be a barrier whilst living at Harley House Care Home; easy read documents were available to assist staff in the event that a member of staff wasn't available for people who spoke their language. The easy read documents were translated into people's own language and these were used to enable staff to communicate effectively.

During our inspection visit we observed positive interactions taking place between staff and people who lived at the home. Staff responded when people were in need. We saw staff offering comfort to people who were upset. One person was sat in a lounge, they told a member of staff they were feeling sad and staff took immediate action to sit with the person, ask them why they were feeling like this and what could they do to help. The nursing team and care staff always ensured they were at the same level as people, for example when people were sitting down, staff lowered their faces to be in line with theirs. We saw many reassuring conversations and encouraging and positive language was always used.

Without exception there was a person centred approach to everything the service offered and people were treated with dignity and respect. One person said, "I feel respected here. I'm treated as 'me' and my decisions are respected." The service had signed up to a Dignity in Care Charter. There was also a poster in the reception area detailing the best practice standards. Care records for people repeatedly referred to maintaining people's dignity and respect. There was evidence this was considered when delivering care to people.

Care records for people repeatedly referred to maintaining people's dignity and respect. There was evidence this was considered when delivering care to people. People who lived at the home consistently praised the way in which privacy and dignity was promoted and maintained by staff. Feedback included, "They do

everything to promote dignity, close curtains, doors, put blinds around [my relative] and knock on doors." There was a privacy screen in use in the main lounge area which was used when supporting people with a hoist to transfer from a chair to a wheelchair. One care staff said "I think it's really important that nobody else see's people at their most vulnerable; so we always use the screen when helping people to transfer.

Relatives and visitors told us they were welcomed at any time at the home. One person told us, "I have lots of visitors, sometimes more than one in a day; the staff know them well and always chat with them." One relative told us "It is always such a nice place to come and visit, I am always greeted with a smile and informed of any changes and informed about upcoming activities or social trips." Visitors to the service explained they were able to meet in quiet areas if they needed privacy and always felt welcome.

The service had achieved the Gold Standards Framework accreditation (GSF) for end of life care. The GSF gives specific best practice training to all those providing end of life care to ensure better lives for people and recognised standards of care. The registered manager and the nursing team had attended GSF training in palliative and end of life care and initiatives had been established as a result. The registered manager told us this had resulted in people who used the service being able to receive end of life care at the service and avoid admission to hospital. At the time of our inspection two people were identified as end of life but were not yet requiring the end of life palliative care. The service was proactive in ensuring that care plans for people were regularly updated to reflect people's changing care needs. The GP had been involved in prescribing medicines for people who may require relief from symptoms, this allowed for immediate treatment without waiting for a prescription. One relative told us "[My relative] has come here for end of life care; but the wonderful care and support she gets and attention to detail is outstanding; she looks so well and her health has improved immensely; I can't thank the staff enough."

We saw there had been many letters and cards sent to the registered manager from relatives praising the staff for the care given to their relations when they reached the end of their life. Comments included, 'A big heartfelt thank you for your care and kindness to [my relative] and for the support you gave to us as a family.' The registered manager told us that relatives were able to stay with their loved one in the home if they wished and facilities were available for them. One relative told us "I know I can stay with [my relative] when that time comes, it is so reassuring to know that."

## Is the service responsive?

### Our findings

We received consistent positive feedback from people who lived at Harley House Care Home. Feedback included, "It's wonderful here. I wish I hadn't waited for so long before making the decision to come here." And, "They are wonderful people; all the staff are like bright shining stars I couldn't think of anything they could do better." And, "They will do anything for you. They always ask if there is anything you want or if there is anything they can help you with" Relatives also spoke highly about service provision. Comments included, "[My relative] is so happy here, trust me, [my relative] would say if anything wasn't right and so would I; but they [Registered manager and nursing staff] seem to have it all in hand." And, "I and my family visit most days and I have never seen anything but the best care for people; all the staff all of the time and just so positive and encouraging."

People consistently commented on the positive impact the service had made on their lives and how they had changed for the better. One person said, "I wasn't managing at all living at home on my own and I thought coming into a home would be the start of the end; how wrong was I, it was the beginning of a big adventure." Another person told us "I can't be any more honest with you, it is fantastic here. I used to have days where I felt depressed and lonely before I came here but not anymore. I've made new friends, I try new foods and I know I'm in safe hands."

All of the staff team had an exceptional understanding of people's social and cultural diversity which enhanced people's sense of wellbeing and ensured every person living in the home was valued. The staff team was diverse to accommodate six different languages that were spoken by people living in the home. The staff rotas were developed so there was always someone on shift who could communicate effectively with everyone in the home. One person told us "In my previous home I felt 'second best' an 'outsider' because English wasn't my first language; here it is just normal; lots of people speak my language; I feel like I am wanted here." One relative told us "Everyone's culture is celebrated; it is inclusive with a capital I!" The activity coordinators also held information sessions for people living in the home about people's cultures and beliefs so that celebrations were shared and everyone was more knowledgeable. One person told us "We learnt about Sikhism a few weeks ago; it is so interesting I can't wait for the next session."

People were supported with activities in the home and in the local community by two activities coordinators who everyone thought very highly of. Numerous people and relatives said the activities staff were "first-class" and "creative and inspiring." One person told us [The activity coordinator] is like a bright shining light and she lights up the room every time she walks in." There were photographs of a planned trip a person was supported to take back to their house and flowers they picked along the way. The outing enabled the person to reminisce about times gone by and prompted further conversations about the person's life which was captured in the care plan.

In the summer months motivational and movement exercises were held in the garden with people which involved people having their feet in a large shallow swimming pool. This enabled different exercises to be incorporated into the activity while people had a relaxing, safe and fulfilling experience. One person told us "It was really good in the summer, we had our feet in the pool, drinks in one hand and when we finished the

exercises we all had an ice-cream; I smiled for days afterwards; I thought my days of paddling my feet were over but not here, we can do everything."

The service had great links within the local community and university. The provider worked closely with Leicester University and a local charity and through a volunteer programme the service benefitted from some activities that enhanced people's wellbeing and enhanced their learning. People told us about a professional story teller who read stories to people in such an animated way that as one person said "It brought it all to life." Numerous people commented on how great this experience was and the provider responded to this feedback by arranging for both the activity coordinators to attend some extra training to enable them to learn some of these story telling skills. The volunteer programme was also planning an activity session to involve people in making Christmas trees from wool and yarn-bombing which is a type of knitting that employs colourful displays of knitted or crocheted yarn or fibre.

The service recognised not all people enjoyed taking part in group activities. For people who chose to not take part in group activities people were offered the opportunity of having one to one time with staff. Staff also sat with people in their rooms, reading newspapers to people or keeping them company.

People had comprehensive assessments before they came to live at Harley House to determine if the service could meet their needs and they were happy to live there. The assessment included understanding people's backgrounds, preferred language, religious beliefs, histories and what was important to them including their views, preferences and aspirations. If time allowed, people and their relatives met with staff and other people living in the home to make an informed decision if Harley House was the right place for them. One relative told us "[My relative] was too poorly to come and look around different homes for herself so as a family we viewed over 10 different homes all offering 'the best care'; but none of them met my expectations except this one. From day one [my relative] received the care that she needed and it has been absolutely fantastic."

During the initial assessments information was gathered from each person and those involved with their care to produce a detailed support plan and comprehensive risk assessments were completed specifically for each person on their arrival. The service also accepted short term referrals and worked efficiently and effectively with the person and those around them to welcome them into the home and understand the care and support they required. One person who had arrived at the service the evening before commented on how welcome and relaxed they had been made to feel as staff adjusted to the support they required. This person told us "The plan is I return home in a couple of weeks but it is so nice here and I've met some lovely people [staff and other people living in the home] that I'm going to reconsider; there is so much for me to look forward to living here than there is going home."

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People were fully involved in the care planning process and their voice was documented throughout their care plans. It was also clear in the care plan where people's own view about their assessed care needs differed from their families and other health professionals involved. People having complete choice about what was written about them in their care plans empowered them. One person told us "[My relative] thinks I can't put my own hearing aid in my ear, but 5 times out of 10 I can so the staff and I have a 'deal' they check for me it's in right and if it isn't they adjust it for me; I want to stay independent and the staff want me to as well."

People's care plans were reviewed regularly, or as people's support needs changed. The service was extremely responsive and amended the support people were given when required. This could fluctuate on a daily, weekly or long term basis and staff showed fantastic flexibility to respond to people's current needs.



One person's relative said, "I can't fault it. [Name] has responded really well to this environment and has made more progress here than I could have possibly imagined; that is truly a miracle. End of life care the hospital said, maybe a week left to live; 3 months later and [my relative] is no longer end of life care; we [my family] call it the 'healing home' and it is all down to the fantastic care the staff deliver."

People's support needs were monitored on a short term and long term basis and the staff at the service amended the support people were given on a regular basis to ensure people's current needs were fully met in the most appropriate way. Commissioners involved in the service also provided excellent feedback about the support and progress people made whilst at Harley House, and described the care planning process as 'a balanced respect for service users views, preferences and aspirations with effective risk management'. The service achieved an 'excellent' rating for choice, power and control and was acknowledged for striving to be a leader in their field.

There were arrangements in place to gather the views of people that lived at the home. Residents meetings had been held and the outcome was that they were not beneficial to the multi-cultural group of people living in the home, instead all views were gathered from people when involved in daily interactions, activity sessions or 1:1 time and these were valued, listened to and acted upon. For example one person wanted to re-visit her last family home and walk around the neighbourhood, this was acted upon by staff and the trip went ahead as requested.

Care and support was delivered by every member of staff at Harley House, regardless of their role and position in the home each and every auxiliary member of staff was trained to the minimum standards required to be a member of care staff. This was an innovative approach which was effective in practice. The registered manager told us that it was so important that every member of staff could respond to someone's immediate needs. The housekeepers, the chef, the maintenance person were all able to deliver care and support and their training was up to date to reflect this. One of the housekeepers told us "It is so important that residents know that everyone who works here can support them. Although we all have our roles we can also respond when someone calls for help or support with a care related need; no one has to wait."

People we spoke with repeatedly said they had no complaints about the service. Feedback included, "I have never had cause to complain, but I know I could and I am sure they would do something about it; in fact I know they would." And "I've never complained and I am not backwards at coming forwards; I can be quite fussy, even my family can't believe I am completely happy!"

The service provided each person who lived at the home with a service user guide when they moved into the home. The service user guide contained information detailing how to complain and highlighted the right to complain. This demonstrated the service worked proactively to address complaints. We reviewed the way one complaint had been handled and we saw that it had been investigated appropriately and the registered manager had taken robust action to ensure it was resolved to the person's satisfaction and lessons learnt from the complaint embedded future learning.



## Is the service well-led?

### Our findings

People who used the service and relatives told us there was exceptional leadership at the home. Feedback included, "The care is excellent." And "You wouldn't get better than this in a 5 star hotel." And, "Honestly; it the best place I could hope for [my relative] to spend their last few years." The registered manager was described by people as "A very proud manager who dedicates his life to the home" and "Everyday he comes around to see us all, he has to check we are all okay with his own eyes."

The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their family. This was apparent in the services Statement of Purpose which was provided to people. The culture of the service was open and transparent. The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The management team told us the ethos was to 'provide the very best care, support and environment to people to help them to live their lives to the full, supported by skilled and dedicated staff who understood the importance of achieving this.'

The registered manager had a clear vision of the quality of service they required and this was shared by staff. This included the values of choice, inclusion, independence and a feeling of being 'at home'. One staff member told us their aimed to, "Keep people happy and provide a 'home from home'". Another staff member said, "It's all about the resident, what they need when they need it". A third staff member told us, "People come first; it is as simple as that, all of the staff team are so focussed on making sure this experience for our residents is second to none, it is what they deserve." Feedback from people was consistently positive about the 'home from home' feel to the service.

The whole staff team understood and shared the culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. The management team had developed and embedded a positive culture which ensured that people were at the heart of the service. People told us they were very happy with the quality of the service they received, because it felt like their home. People told us, "I recommend the home to my friends; in fact I have a friend moving in soon."

There was openness and transparency within the service, resulting in a 'no blame' culture, where staff were confident to question practice, and report concerns. A relative told us, "I would thoroughly recommend it. It's a friendly place with an open door policy and [the registered manager] is always approachable and nothing is too much trouble."

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "[The manager] is really good, they listen to our ideas; for example we had an idea to hold a fete in the summer for residents and their families and we were supported to plan it; it was a great day." Another staff member staff "[The registered manager] is really good, they are such a knowledgeable person to go to with any concerns or queries and I always feel like my opinion matters."

Communication between people who lived at Harley House, their families and staff was always open and transparent and this lent itself to forming positive open relationships where trust was upheld. The registered manager and the care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. One relative told us "I can't fault any staff, we are always kept up to date." Another relative said "I am always updated with everything; good or bad they never delay in telling me and they are always open and honest and I really appreciate that."

Staff worked well cohesively as a team, they were focused on ensuring that each person's needs were met and shared information to ensure all staff had the most up to date information on the person which enhanced the care delivery and provided the best outcomes for people. Staff clearly enjoyed their work and told us that they received regular support from their manager. One care staff told us "Honestly, I love working here; I'm not just saying that, it really is a great place to work." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff so were able to act as a role model, observe their practice and monitor their attitudes, values and behaviour.

The provider valued the dedication of the staff team and told us they were "so proud" of their commitment to people using the service. To show their appreciation and to continually build on the positive professional working relationship; team building days were regularly organised. For example, the most recent team building day involved learning, reflective practice and an afternoon spent paintballing.

The Registered Manager had developed a social media page that enabled friends and relatives to view upcoming events and share good news stories. The Registered Manager sought people's consent before posting activities that had been undertaken on the page. With relatives agreement the page was also used to celebrate the life of people who had passed away and included some very moving testimonials from relatives.

The provider had effective oversight of the service and completed regular checks on all areas of the service to make sure that it was of a good standard, such as medicines management and cleanliness and staff practice. Checks were made on audits completed by staff, such as health and safety and environmental checks, to make sure they were effective.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member we spoke with told us "If I had a problem I would tell [registered manager], I have seen him deal with concerns and would be confident he would deal with it appropriately". Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home understood their responsibilities and had informed the CQC of reportable events.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. Notifications received from the service demonstrated that appropriate action had been taken.