

# Mitchell's Care Homes Limited

## Nutbush Cottage

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Nutbush Cottage provides care and accommodation for up to four people with learning disabilities, autistic spectrum disorder and behaviour which may challenge others. People had a range of communication needs and abilities, which included body language and gesture. At the time of our inspection there were four people living at the service.

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

People's experience of using this service:

We spent time with people during our visits and observed their interaction with staff. People's relatives said that the service was of a high standard. Feedback from a relative included, 'I do hope that Nutbush Cottage receives the recognition they deserve.' Staff demonstrated a depth of compassion and empathy and genuinely cared for people they supported. Staff told us, 'At Nutbush Cottage we pride ourselves in maintaining a high standard of care.' Without exception all the feedback received was positive.

The culture at the service was warm and relaxed, we saw a caring relationship between people and staff. Staff were highly skilled and had extensive training. They had the skills, knowledge and confidence to effectively support people with a high level of needs.

People were enabled to exercise choice and control over their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe There were systems and processes to maintain their safety. There was a stable staff team with a high level of staff retention.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well led. The manager's values and vision were embedded into the service, staff and culture. The provider and registered manager were passionate and committed to developing a service where people received genuinely person-centred care. This was evident throughout our visit. A relative told us that they,

"Recommend Nutbush Cottage as a great place for vulnerable clients."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At our last inspection in September 2016 we rated the service good. The last inspection report was published 14 November 2016. At the inspection we found areas that required improvement. The provider had not maintained appropriate procedures in relation to people's personal finances. A condition was imposed on the provider's registration to protect people's finances and personal possessions. .

Why we inspected:

We completed a planned inspection based on the previous rating of Good.

Follow up:

We will review the service in line with our methodology for 'Good' services.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Nutbush Cottage

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

One inspector undertook this inspection.

Service and service type:

Nutbush Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nutbush Cottage is registered to provide personal care and support for up to four people.

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

Notice of inspection:

The comprehensive inspection took place on 25 June 2019. The visit was unannounced, which meant the manager and staff were not aware that we were coming.

What we did before the inspection:

Before the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection:

We observed the support that people received, spoke with two people living at the service, the registered manager and two staff on duty.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff recruitment file. We reviewed staff training records and a variety of records relating to the management of the service, including records of accidents, incidents and complaints and audits and quality assurance reports were reviewed.

After the inspection:

We were sent additional evidence and information that we requested, to corroborate our judgements of the service. We received additional feedback from four members of staff, two relatives and professionals including a GP.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were identified and assessed with actions in place to mitigate them. Staff provided support to people about risk awareness. Clear individual guidelines were in place for staff to follow to reduce the risks to people.
- Positive risk taking was enabled to maximise people's control over their care and support. People were encouraged and supported so they could live the lives they chose.
- Staff used a person-centred behavioural approach, using diversion strategies based on what worked well for people. They were knowledgeable about potential risks to people and gave examples of the possible triggers and action they took to support people during these times. Conversations with staff reflected the guidance in people's support plans and risk assessments.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager had a very positive approach in reducing safeguarding incidents. The positive approach had a significant impact on people that had led to positive outcomes.
- One person with complex and challenging needs had experienced multiple respite placements prior to moving to the service which had been unsuccessful. Before moving in, a detailed assessment was completed followed by a transition plan. Due to the approach of the registered manager and the staff team the placement has proved to be a success. Their relative told us, 'Prior to [Name's] placement at Nutbush, they had always exhibited very challenging behaviour, so challenging that [previous placement] had considered him being excluded... The fact that Nutbush and their staff have managed to help [Name] so well is very close to a miracle! Their behaviours have almost disappeared, they are able to do far more for them self and this has resulted in growing self-confidence. I cannot praise Nutbush and the staff enough, as they have done so much for [Name].' This person looked happy and relaxed at the service. They led an active and fulfilling life due to the positive approach of staff.
- Staff had developed positive and trusting relationships with people that helped to keep them safe; staff had the time they needed to do so. Staff we spoke with were well trained in safeguarding people from harm and clear about their responsibilities to report concerns. They were confident that action would be taken if concerns were raised.
- Systems were in place to protect people from financial abuse. This included maintaining clear records of people's spending along with receipts for purchases.

## Staffing and recruitment

- There was a stable staff team with enough staff to provide people with appropriate support. We saw that people did not wait for care and support. Staff told us, 'The staff team at Nutbush Cottage is consistent and we all work to achieve the best possible outcome [for people].' The registered manager told us they would work a care shift rather than use agency staff. They could be contacted out of hours for telephone advice or support.
- Staff were recruited in line with safe practice and we saw a staff file that confirmed this. Any gaps in applicants' employment histories were checked as part of the recruitment process. Criminal records checks with the Disclosure and Barring Service (DBS) had been completed. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

## Using medicines safely

- Each person had a medication administration record (MAR) detailing each item of prescribed medicine and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records..
- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- There were clear guidelines for medicines required as needed (PRN). We were told, and records confirmed, that people's medicines were regularly reviewed.
- Staff had received training in medicines handling which included observation of practice to ensure their competence.

## Preventing and controlling infection

- The premises and gardens were well maintained and well presented.
- There were arrangements in place to ensure the service was kept clean. There was an infection control policy and the registered manager carried out infection control audits.
- Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visit.
- Procedures were in place to ensure food preparation and storage met national guidance. Staff had completed food hygiene training which ensured that they understood the importance of food safety and hygiene when preparing and handling food. We saw that people were involved and participated in cleaning and clearing up after lunch, this included helping to load the dishwasher.

## Learning lessons when things go wrong

- Patterns or trends to accidents and incidents were recognised by the audit systems in place. Preventative actions were put in place to minimise the risk of re-occurrence.
- The registered manager ensured that staff reflected on any incidents relating to behaviours which challenged by having a team de-brief. This reflective practice approach enabled the team to learn when things could be done differently.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- The service was adapted and designed around people's needs. The building was adapted in line with people's changing needs, specifically with regards to ageing. The registered manager told us that the service was people's, "Home for life."
- The lounge area had been re-modelled. This included widening a door frame and the change of position of a door. This was to accommodate a person who now required a wheelchair. Changing the position of the door meant the person's wheelchair could easily be manoeuvred giving them access to all communal areas of the service.
- Staff offered choice to people in the layout and décor of their rooms and people had their own belongings around them. We saw that people's bedrooms contained personal possessions to reflect their individual personalities. The premises and gardens were well maintained and well presented. People's needs were met by the design of the premises.
- Staff had office space away from living areas and the service had a homely feel.

Staff support: induction, training, skills and experience

- Staff provided care and support to younger adults, however, the registered manager was committed to evolving the service as people's needs changed so that it could be people's forever home. The registered manager and staff had completed additional training and were keen to develop their skills as it became necessary to ensure they remained able to meet the needs of the people currently at the service as they aged. One person had experienced a significant deterioration in their health that required a greater level of care to meet their health needs. Staff had become proficient in the administration of insulin injections and had additional training to manage diabetes. Staff had also learnt to manage the person's feeding tube (PEG) to meet their nutritional needs. Staff told us, 'The staff have worked here for a long time and they are aware of the service users' needs.'
- Health professionals were positive about the skills of the staff and the impact this had on the quality of care provided. Feedback from a visiting healthcare professional included, 'I have been impressed by staff's care for [Name] as they have been willing to pick up new skills in order to enhance her quality of life.'
- Staff had essential training. Conversation with staff evidenced that they were knowledgeable and competent. We saw that staff put their training in to practice. Staff were positive about the training opportunities available. They told us that they were happy with the level of training provided and felt that it

gave them the skills and knowledge needed to provided good care. Staff said, 'The Manager of Nutbush Cottage, [Name], is very understanding and he provides his staff opportunities to help them progress in their career. The manager discussed doing NVQ Diploma Level 5 with me. I was not confident that I would be able to do it, but he had reassured me that I would get help from him and the Deputy Manager. They built up my confidence and I was successful.'

- Staff told us, 'Since I joined the team at Nutbush, I have enjoyed the team work and awesome supervision by [registered manager] and [deputy manager]. They make working enjoyable and fun. They do not just sit down to command / issue instructions but work alongside staff most of the time. They appreciate my efforts, are understanding and treat me with utmost respect. They give me assistance and guidance every step of the way which in turns make me want to give more.'

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

- People's needs and choices were continually assessed, and care was delivered in line with current best practice to consistently achieve positive outcomes for people. Staff were able to discuss people's care and support needs without referring to written care documents and had knowledge of people's needs'

- There was a focus throughout team meetings, supervisions and daily staff interaction on reviewing, adapting and evolving staff approach to improve support and outcomes for people. The staff team constantly looked for new and innovative ways of working and discussed how they may benefit individuals. For example, staff did not focus on any behaviour which may challenge, but concentrated on and discussed its cause in order to meet people's needs.

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

- People's care plans contained information about their dietary needs, preferences and patterns of eating and drinking.

- Staff ensured that food was available to meet peoples' diverse needs.

- Food and drink intake was monitored to ensure that people had enough to eat and drink throughout the day. Their weight was recorded to monitor whether people maintained a healthy weight.

- People with complex care needs or swallowing difficulties were supported to eat their meals with staff assistance.

- Referrals were made to speech and language therapists if required. Their advice and guidance was followed by staff. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a wide range of professionals to ensure people lived comfortably at the service and their medical needs were met. This included general practitioners, psychiatrist, dietician and speech and language therapists.

- Feedback from a visiting healthcare professional included, 'Staff accommodate [people's] needs and are flexible in their approach.'

- People experienced very good healthcare outcomes and were supported by staff to access healthcare services as they needed them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were well trained and had a good knowledge on DoLS and mental capacity.
- People's capacity to make decisions was assumed by staff unless there was a mental capacity assessment to show otherwise.
- Capacity assessments included clear guidance for staff on maximising the decisions people can make for themselves we saw that people made their own decisions and staff respected their choices.
- We saw staff seeking people's agreement before supporting them. Staff told us, 'The service users are treated with respect and dignity. They are given choices which are respected.'
- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made.

Supporting people to live healthier lives, access healthcare services and support

- People had their health monitored. When staff had concerns about somebody's welfare the staff had good links with professionals to ensure any changing needs were reassessed. People were supported to access healthcare services.
- Staff advocated for people when they were unable to communicate their needs to ensure any health concerns were fully investigated and explored. They were effective at identifying people's physical health needs or issues based on how they expressed themselves, including non-verbal cues. Staff were observant of any decline in people's health which might necessitate a change in how their care was delivered. For example, one person was prone to frequent chest infections. Staff had a good knowledge of how they may present and the actions to take to improve their health.
- Staff recorded the care people received including any changes to their routines. Records provided evidence of multi-disciplinary visits, consistent care and people's general well-being. Staff completed a handover at the start of each shift. This enabled staff coming on duty to get an overview of any changes in people's needs and their general well-being.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service was caring with a visible person-centred culture. Staff were committed to delivering high standards and displayed a caring nature.
- Staff concentrated on enhancing the lives of the people living at the service and their families. Feedback from relatives included, 'Whenever we come to see [Name] the staff are very friendly, and we can see how settled and happy [Name] appears. That tells me everything I need to know about Nutbush.'
- From speaking with staff, it was clear they understood people's diverse needs, they were respectful and supportive towards people's lifestyle choices.
- There were numerous examples where people's wellbeing had increased after moving into the service. For example, reduced anxiety and distress and people now enjoying meaningful activities.
- Staff were confident and, when talking to people they demonstrated a good rapport. We saw people were relaxed in the company of staff.
- The relationships between staff and people receiving support demonstrated dignity and respect at all times. Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. People were treated as equals and felt that they were important and mattered.

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

- Staff were able to give person centred care because they knew people's individual abilities and capabilities. People had a specific communication support plan, it included verbal and non-verbal indications and what these meant. Feedback from a relative included, 'The team understand [Name] and when they are feeling anxious. To watch how they are with the team is truly remarkable and everything a parent of a disabled person hopes they will receive'.
- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people.
- People were involved in decisions, choices and activities. Their care was not rushed, and staff spent quality time with people and encouraged them to do things for themselves. For example, we saw that people had 1:1 assistance at lunchtime. People were assisted and encouraged to serve and feed themselves. Staff sat and chatted with people during the mealtime.
- Staff explained what they were doing and offered reassurance to people. When communicating with

people spent time listening and gave eye contact. We saw that people and staff communicated using gesture and pictures. Recognised sign languages, including Makaton, were also used.

#### Respecting and promoting people's privacy, dignity and independence

- Staff were aware of their responsibilities to protect people from any type of discrimination and recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. They had received training in equality and diversity and conversation with staff demonstrated their understanding.
- Staff made sure people's privacy and dignity needs were understood and always respected. They told us how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in.
- Staff said that they thought all staff were caring. They chatted with people and were able to meet the needs of people. The service was warm, friendly and people were happy. Visiting healthcare professionals provided feedback that the registered manager and staff were, 'Caring to all four residents' and they were, 'Welcoming'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager tried to ensure that any move in to the home went as smoothly as possible at the person's own pace. The registered manager explained the admission process and how a thorough assessment was completed. This included staff visiting the person's previous home to get to know the person and their needs.
- Feedback from relatives included, '[Name] moved to Nutbush Cottage from their previous home as a matter of urgency as [Name] was extremely anxious. When they arrived at Nutbush it was like a breath of fresh air, as the home / team have supported [Name] every day since.'
- Staff were committed to ensuring that people's anxiety or learning disability did not prevent them participating in any activity or missing an opportunity. Staff broke things down into small more manageable steps towards meeting a goal or participating in an activity. One such goal was enabling people to go on holiday for the first time.
- The registered manager and staff described the steps and challenges to achieve the holiday overseas. As well as the physical challenges there were significant administrative challenges to overcome, which included obtaining passports for people who had not had them before. The registered manager explained the challenges people with autism faced in a busy and noisy airport environment and the challenges associated with airport security and any close physical contact that it entailed.
- Staff described the steps they had taken so that one person could go overseas on holiday. This included several trips to the airport to build the person's confidence. This took place over a period of several months until the person was able to go in to the airport without anxiety or displaying any behaviour which may challenge others. The registered manager and the deputy explained how they had liaised with the airline to make special boarding arrangements. The registered manager and the deputy then took the person on a day trip to Edinburgh in order to gauge their response to going on an aeroplane before taking them on a longer flight for their holiday to Spain.
- Feedback from relatives included, 'Before [Name] got ill we used to have holidays abroad however this became impossible after they became ill and I never thought they would go on holiday again. The care, patience and support that the Nutbush team have given [Name] has enabled them not only to have a holiday but to actually go on a plane both here in the UK and Spain. The managers/care team spent a lot of time with [Name] visiting Gatwick Airport to see how they would react before reaching the decision to take them on a plane, talking to the airlines to ensure that not only is [Name] safe but the passengers are too. They have spent an incredible amount of time doing this with them so that they can enjoy holidays like everyone else.'

- The person's confidence, self-worth and personal autonomy had developed. People's lives had been enriched, they were active citizens of their community and were happy, settled and positive about life. People were able to access the community, for example one person regularly went out for dinner with their relative.
- Staff used proactive interventions to reduce people's anxieties and frustrations. This approach had reduced the frequency and severity of incidents of behaviours which may challenge. Supporting people in this way had improved people's quality of life by enabling them to participate in more activities, particularly in the community, and reduced social isolation. People were also more able to visit and spend time with family and people important to them.
- Feedback from relatives included, '[At his previous placement, Name] was very withdrawn and indeed did not come home for some time as he could not cope with getting into the transport provided, however with the care from Nutbush [Name] is now able to access the community and come home for weekends.'
- Staff worked with dedication and passion to respond to each person's personal situations. People were supported to maintain relationships with people that mattered to them and to avoid social isolation. Staff told us, 'The service users maintain a good relationship with their families.' This was based on staff understanding who was important to the person and their cultural background. Feedback from staff included, '[Staff] are very passionate about the client's care and their social life.'
- Staff had detailed knowledge of people's histories, their likes and dislikes and how they wished to be supported. Staff told us, 'The service users have a variety of activities which they have chosen' and 'We ensure that the service users have activities and opportunities which are tailored to their needs.' For example, we saw photos of one person enjoying snooker and pool and another person enjoyed sensory activities.
- Staff were highly skilled in adapting information from other services or organisations and converting this to a format in line with an individual's communication methods. For example, we saw that information regarding dental treatment and blood tests was available in different formats. This included an easy read format, diagrams and photographs. This was in line with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.

#### Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure. We saw that the information was available in large print, easy read and picture format.
- The registered manager dealt with any concerns promptly. We saw that all feedback was taken seriously and acted on.
- Staff, relatives and visiting professionals knew how to provide feedback to the registered manager about their experiences of the service. They were confident any concerns would be investigated quickly.
- Staff took responsibility if there were errors or mistakes and when things could have been handled in different ways.

#### End of life care and support

- At the time of our inspection no person was receiving end of life care. However, end of life wishes had been discussed. People's wishes for their end of life care were recorded, including the medical decision whether it was in their best interests to be resuscitated or not. Staff knew which people had DNACPRs so that people's wishes were known and respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture at the service was open and friendly. Staff were motivated, keen to talk about their work and driven to maintain high standards of care. They demonstrated a strong level of commitment, dedication and were very proud to work at the service.
- There was a management structure in the service which provided clear lines of responsibility and accountability.
- The service was led by a motivated registered manager. They were committed to providing a service that was person-centred and put people firmly at the centre of all they did. The registered manager tried to make a real difference to people's lives. People held the registered manager in high regard.
- We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with them. The registered manager knew people and their needs extremely well.
- People's care records were kept securely and confidentially, in line with the legal requirements.

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

- The registered manager understood their legal responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- Staff were valued for their commitment. Feedback from staff included, 'I feel very much valued working at Nutbush and would like to say that the passion and vivacity I have seen in my manager in giving care to the clients in Nutbush, is my motivation to become an excellent health care giver. [Registered manager] and [deputy] are the most amazing and outstanding managers I have worked with.'
- The registered manager and provider had clear oversight of the service. The quality and safety of the service was continuously monitored, and the registered manager demonstrated a thorough knowledge and understanding of the service.

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

## characteristics

- The registered manager made sure that they were approachable and available for staff. There were consistently high levels of constructive engagement including supervisions, staff meetings and working directly with staff. The registered manager discussed things to provide solutions to address any concerns
- Staff were encouraged to discuss ideas and views on ways of working with people. There was a whole team effort to trying and testing a new approach and information was used in a very effective way to review whether the new approach was working. Staff told us, 'There is safe practice at Nutbush and all the staff are always informed of decisions that may affect the service. All matters arising are discussed in staff meetings and staff opinion is always heard.'
- Feedback from relatives included, 'Nutmash and staff are not only supportive of [Name] but are also very supportive of the family unit. As a parent I have great communication with Nutmash, which as a parent puts my mind at rest knowing that [Name] is in a good place and is happy' and, 'Nutmash carefully listened to my suggestions of what [Name] really enjoys, i.e. their iPad and even an outside pool.'
- People were at the heart of the service and were continually involved in development of the service. For example, people's enjoyment of activities was monitored.
- The registered manager looked at ways to improve the service. Structured care plan reviews, surveys and meetings gave people the opportunity to give their views about the service and quality of the care they received.
- Stakeholders were invited to share their experience of the service. We reviewed feedback received which was all very positive, complimentary and reflected the feedback we received during our inspection of the service.

## Continuous learning and improving care

- The registered manager continually strived to improve the service and people's experience and quality of life. The registered manager followed best practice guidance and used reflective practice to consider how improvements could be made.
- There was a clear governance framework, which was completed regularly. The auditing system followed the CQC's key lines of enquiry. These systems monitored the quality of service being delivered and the running of the service, for example observation of staff practices and audits of paperwork. All identified areas for improvement were clearly documented and followed up to ensure they were completed.
- Detailed records were maintained of behaviours which challenged. The details in the records enabled the registered manager to review what the causes were, how it was managed and to look to how this could be improved in future. This had led to a reduction in incidents.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances. Staff told us that any faults in equipment were rectified promptly.
- The registered manager provided regular feedback to the provider in order to ensure operational goals were being achieved. For example, the provision of a good the quality of care.

## Working in partnership with others

- Feedback from visiting professionals demonstrated that relationships with other agencies were positive.
- The registered manager was proactive in building relationships with other organisations and into the local community to improve outcomes for people. Feedback from visiting professionals was positive demonstrating that they had a good working relationship.

- The registered manager worked with social care professionals which ensured suitable information, for example about safeguarding matters, was shared.