

Mental Health Care (Hoylake) Limited

# Meols Drive Care Home with Nursing

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 22 June and 6 July 2018. The first day of our inspection was unannounced.

Since 2014, Meols Drive Care Home provided nursing care and rehabilitation support for men who have learning difficulties or autism spectrum disorder. The home is in a modern spacious detached building in its own grounds on a residential street in Hoylake, Wirral. The home is registered to provide accommodation and nursing care for up to 12 people, at the time of our inspection 11 people were living at the home. Meols Drive is on a residential road, within five minutes' walk of the facilities of Hoylake which include local train and bus transport, shopping, socialising and community venues.

The home required and had a registered manager. 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 aim of the service is for people who had previously had more intensive care and support to learn the skills to help them live more independently. It is not intended that this is a home for long term, rather that people move on to more everyday living accommodation.

Many of the values that underpin Registering the Right Support and other best practice guidance were seen in practice at this service. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion; were at the centre of people's day to day support.

However, the service was in a large home which was larger than most domestic style properties and was registered for the support of up to 12 people. This is larger than current best practice guidance. The size of the service having a negative impact on people had been mitigated in the following ways. The design of the building was such that it fit into its environment as it is in a residential road with other large domestic homes of a similar size. There were deliberately no signs, intercom, cameras, industrial bins or anything else outside the building that may indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People had a high level of autonomy over how they spent their time. People's support was built around them and this enabled people to live individualised lifestyles. Inside the building the living accommodation was split into two self-contained parts. The main part was the 'house' for nine people and the 'flat' for three people who lived more independently. In the main building there were numerous rooms that people could use in addition to their private space. The building did not feel overly busy or institutionalised.

Some people at the home have been identified as being ready to increase their independence and move into their own home. It is not the intention that Meols Drive is a long-term home for people and the service had worked closely with commissioners to help people get ready to move out of the home. One service commissioner told us that the service, "Ensured independence in a very supportive environment whilst

people build up healthy social relationships."

During our previous inspection in March 2016 we had found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the administration of people's medications was not always safe. We asked the provider to complete an action plan to show what they would do and by when to improve the key question; 'Is the service safe?' to a rating of at least good.

At this inspection we saw that there had been improvements made in this area and the service was compliant with all the health and social care regulations. The breach we identified in March 2016 had been addressed and the rating for the key question; 'Is there service safe?' Is now good.

People and their families praised the care and support provided at the home. One person told us, "The staff are really positive." One person's relative told us, "The staff are lovely people, they are really, really nice and do a really good job."

There was a positive and friendly atmosphere at the home. We saw warm, caring interactions between people and staff members. The service was designed so there was as few distinctions as possible between people supported and staff, promoting a respectful and inclusive atmosphere. One person told us, "They [support staff] treat this place with respect. It's our home." One social care professional said, "Meols Drive feels like a home, people are just doing everyday things." At the home, we saw that there was a respect for and celebration of diversity.

The environment of the home was well maintained and safe. People received their medication safely from trained staff and there were enough staff to meet people needs safely and in a timely manner. All staff received support and training to be effective in their role.

People living at the home, their relatives and commissioners all praised the environment of the home. One person told us, "It looks just like a house." Another person told us, "The building is gorgeous, in a great location."

The service sought to get to know and understand people and their support needs before coming to live at the home. They used this time to draw up an individualised care plan, which was agreed with the person. The care planning process was used as an opportunity to really get to know a person. A key focus of the planning process was for people to learn new skills, build up confidence and become more independent and reduce their need for support from staff. Each person also had a health action plan as part of their care plan. People's legal rights under the Mental Capacity Act (2005) were protected and people had regular access to independent advocacy.

Appropriate risk assessments were in place. One social work professional told us, "Staff are brilliant in spotting risks that could become an issue before they become an issue. Great at identifying risk." Any incidents and accidents are recorded in detail and the information was used extensively to look for learning opportunities.

The service was well-led. People at the home, their relatives and outside professionals praised their leadership of the home. The registered manager had effective oversight of each aspect of the home through working alongside support staff, directing the homes culture, supervision, quality checks and audits. The wellbeing of the people living at the home was the primary focus of every staff member we spoke with.

## 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, their relatives and health and social care professionals told us they thought the service was safe.

The environment of the building was safe and well maintained. Any risks identified in people's support had been recorded and action taken to reduce them.

There were sufficient numbers of staff available to meet people's needs. These staff had all received training in safeguarding vulnerable adults. New staff had been safely recruited.

People's medication was managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People's support needs were assessed before coming to live at the home. Attention was given to people's healthcare needs.

Staff received appropriate support to be effective in their role. There was a thorough induction, ongoing training along with regular supervision and team meetings.

The environment had been adapted and was suitable to meet people's needs and help them develop new skills.

People's legal rights were protected under the Mental Capacity Act (2005).

### Is the service caring?

Good ●

The service was caring.

People were very positive about the staff. People's family members told us they thought the staff were caring.

There was a positive and friendly atmosphere at the home with warm and friendly interactions between people.

People told us the staff treated them with respect. Staff had received equality and diversity training and celebrated people's diversity. People's privacy and confidential personal information was also treated with respect.

The service was designed to be inclusive and reduce any differences between people supported and staff. Staff told us they thought this was important.

### Is the service responsive?

Outstanding 

The service was very responsive.

At the core of the service was for people to become more autonomous and independent; reducing their need for support.

The care planning process was designed to really get to know the whole person. People were encouraged to lead this process, focusing on what was most important to them.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff learnt with people and opportunities were explored again and again in different ways if they had not worked initially.

People were supported to have new experiences that they enjoyed and helped to build up their skills and confidence. Many people told us how they had benefitted from these experiences.

People's complaints, concerns and suggestions were sought, taken seriously and acted upon.

### Is the service well-led?

Good 

The service was well-led.

People, their relatives and health and social care professionals praised the leadership of the service. The registered manager had clarified the focus and aim of the service.

The registered manager had effective oversight of each aspect of the home and there was a culture and drive for continuous improvements.

There was a positive 'can do' attitude from the registered manager and across the whole staff team. Staff wanted to speak with us to tell us positive things about the service and their role.

Feedback and opportunities for learning were actively sought.

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# Meols Drive Care Home with Nursing

## **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 22 June and 6 July and was conducted by an adult social care inspector. The first day of the inspection was unannounced.

We reviewed the information we held about the service before we carried out the visit. We also used information the provider sent us in the 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.

During the inspection we looked around the premises and observed the support provided to people at the home. We observed many interactions between people living at the home and staff members. We spoke with six people who lived at the home and six people's relatives.

We spoke with 11 members of staff including the nominated individual and the registered manager. We spoke with staff who provided people with care and support and the maintenance person, receptionist and chef. We also spoke with an independent advocate, two service commissioners and three health and social care professionals.

We looked at a range of documentation including three people's care records, a sample of medication records, three staff recruitment files, staff training records, accident and incident records, health and safety records, complaints and compliments, audits, policies and procedures and records relating to the quality checks undertaken by staff and the registered manager.

We contacted the local authority's quality assurance team for feedback about the home.



# Is the service safe?

## Our findings

People told us they thought the home was a safe place to live. One person told us, "I'm happy here. I feel safe here." People's relatives all told us that they had confidence in the home and thought it was safe. One person's family member said, "I have a very positive view of the care at Meols Drive." Another relative said, "I'm happy to know that he's in a good place and they're looking after him." Staff told us that the service provided was safe. One staff member told us people are safe because, "Staff have a lot of respect for the people who live here."

During our previous inspection in March 2016 we had found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the administration of people's medications was not always safe. At this inspection we saw that there had been improvements made in this area and medication administration was now safe.

People's medication was safely stored in a secure, well equipped and air-conditioned room at appropriate temperatures. There were accurate records kept of the medication administered to each person, the management of medication stocks, storage temperatures and cleaning. Each person had a medication file which contained all the essential information that staff may need to administer people's medication safely. The documents were person centred and were titled, "How best to support me with my medication." We also saw that people were supported to be independent and have as much control of their medication as possible.

We found there were enough members of staff to meet the needs of people living at the home. The numbers of staff were planned to reflect people's anticipated support needs for that day. In addition to planned staff the home welcomed student nurses and at the time of our inspection four were on placement with the home from a local university. The home made some use of agency staff to make up a shortfall in staff numbers. The registered manager told us that this was planned so that there were consistent agency staff members at the home. People and their relatives told us that they received care and support from staff members known to them. One person's relative told us, "Staff are friendly, it tends to be the same ones, he knows people's names and they know everything about him."

The building was well maintained and the environment was safe. The home's maintenance and safety records were comprehensive and showed that regular checks and audits had been made of the services and equipment at the home. Staff made a note of any maintenance requests in a designated log book, which also showed that maintenance issues were handled quickly. There was an emergency action plan in place for the home alongside a personalised emergency evacuation plan (PEEP) for each person. All staff, including temporary agency staff, received fire safety training as part of their induction, which was refreshed every six months.

The environment showed evidence of being designed to keep people safe. For example, windows were made of safety glass and had opening restrictors and bedroom doors were of an anti-barricade design, enabling staff to support people if they were at immediate risk. Staff carried technology that they could use

to quickly call for additional support if needed.

Regular infection control audits took place at the home. All staff had received training on infection control and appropriate hand washing facilities and protective equipment was used. The home was clean and smelt fresh and all communal areas and bathrooms were maintained to a very high standard.

There were appropriate risk assessments in place. For example, covering the environment, fire safety and health and safety. There were also risk assessments for supporting individual people. We saw that these were thorough and provided guidance for staff on how to reduce identified risks. One social work professional told us, "The staff are brilliant in spotting risks that could become an issue before they become an issue." Staff also received training in keeping people safe in challenging situations using an approved technique. Physical intervention was only as a last resort to keep people safe and was rarely used. We saw that risks were weighed up against opportunities and some positive risks had been taken when they would benefit the person.

Any incidents and accidents were recorded in detail and the information was proactively used to look for opportunities to improve people's support. The staff looked for patterns, trends and incident hotspots. They viewed this as a form of communication and tried new ways of supporting people in response. For example, staff noticed that for one person there was a connection between them being involved in incidents and when they were short of money. The person received additional support with budgeting and put together a budget plan which met their wishes. This resulted in them feeling more in control and there was a reduction in them being involved in unsafe incidents at the home.

Staff had been recruited in a way that helped ensure they were safe to work with vulnerable adults. Application forms gave details of applicants work history, qualifications, experience and the details of referees. People's identification was checked and references had been taken to check conduct in previous employment. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks were carried out to help ensure that staff were suitable to work with vulnerable adults in health and social care environments. Nursing staff had their registration (PIN) checked to ensure they were registered nurses, this check was repeated annually.

All staff received safeguarding training as part of their induction; which was updated with periodic refreshers. Staff were knowledgeable about safeguarding vulnerable adults and knew what action they could take if they suspected a person was at risk of abuse.

# Is the service effective?

## Our findings

There were positive relationships between the people supported and staff members. Feedback from people about staff was positive. One person told us, "The staff are nice to work with." Another person said, "The staff are really positive." People's relatives praised the staff team at Meols Drive. One person's family member said, "There are a huge number of positives about the staff". Another relative told us, "The staff are lovely people, they are really, really nice and do a really good job."

Before coming to the home people's needs were thoroughly assessed and staff got to know people and understand their support needs. One person who spent some time at the home before moving in told us, "Knowing people helped me feel comfortable. All the staff have been friendly." Another person's relative described their move into the home. They said, "The handover was brilliant, they got to know everything they needed to know during an eight-week transition which worked really well. They [staff members] showed him respect, I'm very impressed, they just understood him and took on board all the information available. They did everything they could to get to know him. They are so welcoming. It was almost a stage-managed transition. It was such a relief, a lovely journey."

When recruiting new support staff, the registered manager told us the selection process is designed to look for people who have empathy, treat people with respect and have a team approach. They recruit some people with experience in care and some without. During the interview candidates are asked questions about what they would do in different scenarios by staff and people supported.

New staff complete a two-week comprehensive training and induction program which involved people living at the home. Then for a further two weeks new staff 'buddy' up with and shadow an experienced staff member. This gives them time to develop relationships with people before supporting them. Agency staff members were also appropriately inducted into the service. New staff members were employed on a probationary period, we saw evidence that their performance and suitability was assessed at the end of this period in a probationary review. There was also a schedule of refreshment sessions for the home's core training. Staff members were positive about the training provided for them. One member of staff told us about training, "I think this home is excellent. I have regular opportunities to update my clinical knowledge and take part in extra training."

Staff received regular supervision meetings with a senior member of staff and an annual appraisal of their performance. Nursing staff were supervised by the deputy and registered manager who were both registered nurses. Staff told us that they found supervision meetings very supportive. Supervision notes we looked at showed development and learning opportunities being used during these meetings. Staff had regular team meetings at which they could put forward agenda items for team discussion. One staff member told us that the registered manager, "Looks after our wellbeing. They see when I need an arm around me. It's a good team and one of the most supportive places I've worked in." Another staff member told us, "The manager is amazing in guiding me and gives me the green light whenever they can."

People living at the home, their relatives and commissioners all praised the environment of the home. One person told us, "It looks just like a house." Another person told us, "The building is gorgeous, in a great

location." One person's family member said, "You couldn't wish for a nicer home, it's beautiful." The building was a new build in the style of a traditional home; it was spacious, bright and airy with well-kept gardens. It was decorated to a high standard in a homely style. On the days we visited we observed people using the whole building freely as they chose. The 'flat' was a three-bedroom self-contained ground floor annex with its own kitchen and lounge. The other nine bedrooms at the home were on the first floor of the building. All the bedrooms had been personalised by each person and were well decorated with an en-suite accessible wet room. There was also a bathroom on each floor with a bath for people to use if it was their preference.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. We saw evidence that showed people's consent was sought and they had been supported to make as many decisions for themselves as possible. There was a clear rationale for any DoLS that had been applied for and if a DoLS had been granted with conditions, these had been complied with. People at the home had support from the organisation's social worker for assessing their capacity to make a particular decision. Staff had a good understanding of the principles of the Mental Capacity Act (2005) and applied these in their work.

People told us that they enjoyed the food prepared for them. One person's relative told us that their family member had said, "Wow! Mum the food is great here, I'm very impressed." The kitchen has been awarded the maximum five out of five for hygiene when inspected by the local authority. It was well equipped and clean, we saw food safety records and a thorough cleaning schedule that ensured standards were maintained. The chef told us that information about people's likes and dislikes was gathered in a comprehensive pictorial document and people were encouraged on occasions to try some different foods during food theme nights. The kitchen was also aware of people's allergies and any special dietary requirements.

There was a can-do approach in the service provided by the kitchen. The chef told us, "I can't please everybody all the time, but I will give it a good go." There were two different options for each meal. Also on the top floor of the home there was a second kitchen which was used by people and support staff to learn cooking skills or to make an alternative meal if they wished. This kitchen was used for a 'breakfast club', where people could cook their own breakfast, chat and eat together. One person had been advised by a medical professional to monitor their food intake and was given a target number of calories to eat each day. The chef told us that they used a mobile phone app to track daily calories with the person to ensure they had enough to eat. They also used food visually to help the person, for example using sugar cubes to represent how many calories were in different foods. The person had benefited from this support.

People were supported to stay healthy. Each person received individualised support with their health appointments. For example, one person did not like going to the dentist; however, they liked being clean. Support staff we spoke with told us that they used social stories to help the person understand the importance of going to the dentist. They discussed how the person likes talking to new people and how poor oral hygiene can be a social barrier. They supported the person to make two visits to the dental

hospital to become familiar with the place and meet some staff there before the appointment. This helped the person become motivated and overcome their fears of caring for their teeth.

Each person had a health action plan. We saw that if people had a medical condition, accurate records were kept by staff that medical professionals used to offer the best advice on how to support people well. One health professional told us, "The service is very efficient and thorough in their feedback and communication."

## Is the service caring?

### Our findings

People living at the home were positive about the staff and their approach towards them. People's family members told us they thought the staff at the home were caring and compassionate. One person's family member told us, "[Name] absolutely loves it. That's the most important thing, it's so nice to see him so happy. I'm the happiest I have been in a very long time." Another relative said, "[Name] is very happy there... He's not depressed like he has been."

People's family members told us that there was always a friendly and welcoming atmosphere at the home. One person's relative commented, "They are more than helpful. There are no restrictions at all, I just turn up. They are really open, really lovely, it's a really nice place." Another person's family member told us, "We always feel welcome. We never give notice and have never felt that this is awkward." If appropriate staff supported people to visit their family homes if they lived some distance away, using one of the vehicles at the home; this enabled some people to keep in contact with their families.

There was a positive and friendly atmosphere at the home with warm interactions between people living at the home and staff members. People were respected at the home, for example there was no segregated staff only facilities apart from some office space. Everybody used the same dining area and ate together at a time of their choice. The registered manager told us that this was designed to promote an inclusive culture, a friendly atmosphere and that eating together helps people and staff build up a good rapport.

There was little distinction between people supported and staff. Staff respected people's privacy and private space, they knocked on doors and waited for a response. They greeted people and asked them how they were. They asked permission before they completed tasks, for example before checking the firefighting equipment in a room. One person told us, "They [support staff] treat this place with respect. It's our home." Staff wore everyday casual clothes and any traditional signs of authority such as passes or keys were discreet. Staff were discouraged from wearing identification badges in the community so that there were no visible indicators of a person being a staff member. One visiting social care professional told us, "Staff have nice relationships with people. Staff don't look like support staff, there is no uniform. People look relaxed, everybody looks the same. The environment is as natural as can be. Staff don't dominate the environment."

Staff told us they thought their approach to people was really important, including how language was used in supporting people. The approach was one of negotiating with people. There was a positive use of language and building relationships even when things may not be going well for a person. For example, one staff member told us that if it was unsafe to do something at that time they explain to the person, "I'm worried about you being safe", rather than saying "no". Also, they said if a person is too agitated to do something they say, "We will be unsafe if we do that right now." Whilst negotiating and always looking for the earliest safe opportunity to do what the person wants. The staff member added, "We challenge ourselves and our responses. We try to ask; what are people trying to tell us?"

Staff explained that they thought relationships were important. One staff member said, "It's important to build up relationships and get to know people well. Some people have had a lot of negative experiences in

their past." One person's family member told us that this approach from staff made the home, "An enjoyable place to be."

People's personal confidential information was protected and treated with respect. People's care files and medication records were securely stored and computers had password protection. Staff received training in Information Governance which included protecting people's confidential personal information. People had agreed what information could be shared with appropriate people and this was recorded in their care file.

We saw that there was a respect for and a celebration of diversity. Staff supported people in a person-centred way with their culture and spirituality. For example, one person came to the home who previously used his family's first language at home. This person could speak fluent English, however staff members learnt some words of the person's first language and tried to use them. We saw that the person enjoyed teaching and helping the staff with those words. The person had also been supported to purchase some food traditional to their culture and to make meals together with staff. The chef from the home showed an interest and told us that they were keen to learn more and explore this further with the person. As part of the home's core training staff received equality and diversity training.

People at the home were listened to both in their day to day support and in matters relating to the running of the home. There were regular meetings for people who live at the home to give the registered manager and staff feedback and their perspective on things happening at the home. To help people to have an independent voice the home commissioned an independent advocate who was involved in these meetings. We spoke with the advocate, who had been involved with people at the home for four years and knew them well. The advocate also told us that if people wished they could invite them to be involved when their care plans were being reviewed. People were involved in a meaningful way when putting together their care plans and reviewing them. One person told us about this, "I had a meeting and told people my plans for the future." People who use the service were involved in the recruitment of new staff and their feedback was used during the selection process.

## Is the service responsive?

### Our findings

People's family members praised the support people received and told us that they had positive experience of and were confident that the support provided was very responsive to their relative's needs. One social care professional told us, "The support is very focused on what people want to do; taking the lead from them."

A person-centred focus started with the care planning process, which was used as an opportunity to really get to know a person as an individual and for them to take the lead in planning their own support. The aim of care planning was to really get to know the whole person, rather than a simple assessment of their needs.

For example, people's care plans focused on which relationships were most meaningful to them. Also, if they wished the person was supported to put together a map of their life. This enabled a person to see visually where a person had been, where they are now and what they would like to do in the future. One staff member told us about this, "We may prompt the person with questions, however the aim is for people to freely express themselves. This has often been a good opportunity to build bonds and find out what is really important to them." People were also asked about times in their lives when they had been happy, this information was used to help people set goals with the aim of being happy and building their confidence. We saw that one person's plan whose first language was not English had their life map written in both languages. If people found it helpful and wanted to, they could be supported in the completion of any plans by the organisation's speech and language therapist, psychologist or social worker. People's support plans were regularly reviewed with the person, involving those people who they wanted. One person's family member was very positive about this process and told us, "We feel reassured during [care plan] reviews."

The registered manager led a staff team that kept their focus on the person and their development, supporting them to take both big steps and make smaller positive changes in their lives. The registered manager told us that this focus was especially important when things went wrong in people's lives and they went through difficult times. One person's family member told us, "I have a huge amount of appreciation for the way the home is run. Sometimes it's two steps forward and one step back. But this does not stop them [support staff] looking at things in a new way for [name] to become more independent." They then told us how their relative used to be very reluctant to leave the home, but now goes out most days and has increased in their confidence. Staff told us that this success was because they learn with people when things go well and when things go wrong and change the support they offer. One service commissioner told us, "Staff are really good, they make little adjustments in people's support that make a big difference."

Another focus of the support provided was for people to learn new skills, build up their confidence and become more independent; as most people living at the home had previously stayed in more institutional style services such as treatment and assessment units or hospitals. One family member told us they were happy that at Meols Drive their relative had enjoyed having new experiences which had built up their confidence, such as camping and going on holiday and staying in a hotel with a friend. Another person's relative told us that they were really pleased their family member was learning to read. They told us, "This is the first time anybody has ever helped him to read, it's lovely." A third family member was impressed that



their relative was learning to budget. They told us, "[Name] didn't know about money, he didn't know how to shop. Now he does all this, he's improved a lot and is more independent in himself and does more things for himself."

Some people had become less dependent on staff as they have become more settled and increased in their independence. For example, one person's family member told us they think their relative being settled has led to a reduction in their support needs. They told us, "[Name] used to have two carers with him, now he has one carer with him. This is good progress because he has settled." The staff sought to reduce any restrictions when possible. For example, some people living at the home told us they were pleased that they now had their own key fobs which opened the main door and enabled them to come and go from the home as they pleased.

It was promoted that people have as much control over their medication as possible. For example, one person who took a regular injection had been taught by nursing staff to read and select the correct dose and inject themselves. Another person dispensed their own liquid medication with minimal support. One nurse told us that this approach was having success. They told us that when one person was away from the home, they would phone the person and remind them to take their medication. Recently the person called the nurse at the home to tell them they had remembered and were going to take their medication. The nurse told us that they were really happy with this as it showed that the person was increasing in confidence and independence.

As people made progress, the building was designed to support them increasing in their independence. The home had a 'flat' for three people which was self-contained, independent of the home and only accessible by a key fob which is held by the people living there. The support provided to people in the flat focused on them building up their skills in preparation for them moving out of the home. The staff members stayed in the background and it was clear that people living in the flat treated this as their own space. Service commissioners told us that moving into the flat had a positive impact on people. Moving from the home to the flat was an achievement as it meant that people were increasing in their independence and needed less support.

People living in the flat were very positive about increasing in their independence. In the flat there was a relaxed environment with good humour and friendly banter between people. One person told us about the flat, "It's very good, I like it. This is my domain, to chill and watch TV. The flat is a good place." Another person told us, "The flat is nice. I'm making progress by doing things. It's nice, but I'm looking forward to getting my own place. They [support staff] see the potential in me" A third person told us that this was better than where they were before because, "I'm more independent". They added, "In the future I want to have a tenancy and share a house with people." One member of support staff enthusiastically told us, "I want to be there and wave [name] off when he goes."

People were happy to tell us about the progress they had made since moving into the flat. For example, one person told us about the meals they had been cooking and explained that in the flat there was a budget for food shopping. One staff member said that they wanted people to have realistic expectations about life and to have skills that will help them in the future. For example, when food shopping, people now looked for discounts and food included in deals. Another staff member told us how people had developed in their social skills. They said, "Previously [name] wouldn't talk to anyone. Now he is well known in his community." The registered manager told us that they thought some people living in the flat were ready to live more independently. They were working alongside people and their service commissioners, in enabling them to move out of the home.

Outside health professionals told us that the approach from staff in the flat was helping people increase in their confidence. One said, "They really genuinely want to enable [name] to move on. This has started to take effect." Another social care professional said, "The guys definitely see this as home. But they all talk about the future, they do see life after the flat." The registered manager explained to us, "We want to create a culture where people are inquisitive and ask, 'Why can't I do that?' This creates an atmosphere of progress and moving on, it becomes tangible and people can see what you can aim for." This was working, as one person who had only recently come to the home told us, "My aim is to move into the flat."

People were involved in running the home and had responsibilities in areas that they had shown an interest in. They received training in that role and worked alongside a member of staff. For example, one person was a catering assistant, one a maintenance assistant, one an activities assistant and two people were fire marshals. We saw one fire marshal being trained in how to check fire call points with the maintenance person. We saw that this had further promoted positive relationships between staff and people living at the home.

People were shown how to research and explore opportunities that were available to them in their community. This was with the aim of helping people to independently engage with their community. The activities co-ordinator did this by meeting with each person at the home each week. They told us that this time was used to help people learn how to find out what was happening in the local area that was meaningful to them, that they can become involved in. One social care professional told us, "Activities at the home are meaningful and not only recreational but are focused on community engagement."

People at the home were really included in their community and were well known in their neighbourhood. They were involved in a range of ordinary daily activities such as local sports teams, further education, voluntary jobs or work experience, shopping, socialising and being involved with faith based groups. This led to people getting involved in things that were meaningful to them and led to them having positive experiences. For example, one person had recently graduated from college and during a careers meeting expressed an interest in working with animals. The person now had a voluntary job working with horses. Another person had been supported to pursue their passion for basketball. They joined a local basketball team and represented the North West of England in the 2017 Special Olympics, they were part of the team who won a bronze medal. His family member commented, "He's doing really good for himself, he's doing really well."

People at the home are also supported to use community based peer support groups that they may find useful. For example, one person has attended stop smoking sessions which they found really encouraging and helped them to achieve their aim of no longer smoking. Three people have attended a weight loss group and found this useful in eating a balanced diet and have lost some weight.

People's legal rights, and individual choices were respected; and their diversity was celebrated. For example, one person told us that they were interested in religions and they had been supported to visit different places of worship including local churches, a mosque and a temple. They were interested in a particular type of worship and were planning to do a workshop to explain to staff what it was about. There was an information board on display on world religions that the person had helped to put together. The person told us, "I enjoy exploring different religions and like attending different places of worship." They told us that they are volunteering in two different places of worship.

People were supported to be involved in many different community activities, with the overall aim to use these opportunities to support people to build their confidence and gain new skills that will help them become as independent as possible. One staff member told us, "As soon as somebody moves in; we think

about how they can move out." They described a focus of the support was looking at when any restrictions that people may have in place when they move in, can be safely removed. They said, "This is done by increasing choices, when people want to." One staff member told us, "It may be bit by bit, but we must always move forward."

The culture amongst staff at the home was focused on the development and wellbeing of the people living at the home. This was clearly the primary focus of every staff member we spoke with. This included staff members not typically involved in directly providing care and support. For example, the maintenance person when showing the safety systems in place at the home, started by saying his motivation was that, "I wouldn't want anything negative happening to any of these guys." Another example was that one person told us that for a time they lacked motivation. However, they built up a relationship with the home's chef which helped them. They told us, "Previously I was in a rut, but now I do so many things." The chef who has been involved in the person's support told us, "They just needed to see that there is more to life. Shopping and cooking together is a great way to build up a rapport with people. There is no point in me being here if I don't want to get involved in helping people."

The support provided to people was in line with the Accessible Information Standard in that information was provided in a way that was designed to meet people's needs. We saw that information was available in easy read and in a pictorial format or arrangements were made to read important information to a person. This included information on how to raise a complaint, concern or suggestion; including who people could contact outside the home if they wanted to. We saw evidence that complaints received in any way were recorded and acted on by the registered manager and staff team.

## Is the service well-led?

### Our findings

The home had a registered manager. People at the home, their relatives and outside professionals praised their leadership of the home. One person told us, "The manager is always around. They are very welcoming and very nice." People's relatives told us that they had confidence in them. One family member said, "The manager is lovely, a really nice person. I feel confident in them." Another family member told us, "The manager and deputy manager are very good. I feel reassured when dealing with them. I see them as good leaders with a very measured approach."

Health and social work professionals told us that the registered manager was a good communicator and had a down to earth and everyday approach that puts people at ease. One professional commented, "The manager is very realistic but with an air of, we can do this." Another health care professional told us, "They are driven by making people's lives better. There is a strong ethos of 'home'. They guys love them, they are comfortable and like being around them."

The registered manager had effective oversight of each aspect of the home through working alongside support staff, directing the homes culture, supervision, quality checks, unannounced night time visits and audits. They looked for opportunities to take action that had a positive impact on the culture of the home and the service provided. People's views on their support were sought each month using a customer satisfaction form which was easy for people to use. Audits were focused on the experience of people living at the home and were discussed in monthly meetings with the lead staff member for each area of the home. One staff member told us, "The manager develops staff. They want us to be thinkers and question what we are doing."

The registered manager had produced an impact report for 2017; this looked at successes during the year and trends in key areas. The report showed that there had been a significant drop in complaints and a more significant increase in compliments since the previous year. There had also been a marked decrease in accidents and incidents at the home. The impact report offered praise to the people supported and staff members at the home and was an encouraging and motivating document to read.

The home had a detailed continuous improvement plan that contained information about what action will be taken to improve that area of the service. The plan contained an expected completion dates and who was responsible for taking each action. We checked a sample of actions from the plan and saw that the improvements were in place. This showed an embedded practice of continuous improvement spread across multiple staff members in making large and small improvements to the service provided to people.

The registered manager told us, "I like an audit, it helps me to learn. I have high standards for myself and others." The manager was proactive and actively sought out further opportunities to learn about and complete research on areas where improvements can be made. When we rated a service close by as outstanding in one area the registered manager made contact with the home manager and arranged to exchange visits between the two homes and share learning on current best practice. The registered manager kept themselves up to date and considered best practice guidance in planning the support provided to

people. The support had at its core the values of choice, independence and inclusion, that underpin 'Registering the Right Support' and other best practice guidance.

Any areas where improvements could be made were taken seriously and followed up by the registered manager and their team. For example, a pharmacist completed an audit of medication administration at the home. Some areas where improvements could be made were identified and this led to the deputy manager completing an action plan. The month after the improvements had been made, the plan was again reviewed to ensure that the recommendations were embedded and had become part of staff practices at the home. This was thorough and reassured the deputy and registered managers that the improvements had been made.

The registered manager was well known by the people living at Meols Drive and they had a warm and good-humoured relationship with them. One staff member told us that the registered manager was "brilliant" in supporting people during difficult times and helping them to reduce their anxiety. They, "Try to understand the person's perspective and gives them their undivided attention." They added that this approach is modelled by them and copied by the staff.

People at the home were involved in running the home and were consulted with in a meaningful way. People were involved in the recruitment of staff and had recently given feedback on the dining experience and drinks facilities at the home. These had been listened and responded to.

Staff members and health and social care professionals told us that the registered manager had clarified the focus and aim of the service. There was now a strong focus on people being enabled, increasing in independence and living a meaningful and full life. This was done in practical ways, in creatively listening to people, in setting a vision for all staff and influencing the culture at the home. Staff reflected this leadership in their feedback. One staff member told us, "Meols Drive is now significantly better, it's now about rehabilitation. Before we didn't know what we were." One social care professional told us, "The manager has much more of a genuine rehabilitation focus." Another social care professional told us that at first Meols Drive felt like a mini hospital. However there have been lots of changes and now, "Meols Drive feels like a home, people are just doing everyday things." They added, "The opening question when people arrive at the home now is, 'where do I see myself at the end of my time at Meols Drive?' Staff are clear that this is part of a journey." One person living at the home told us, "This home is nice and it's majorly a step in the right direction."

Every staff member from each department was actively contributing to people's support in some way and shared the same vision. This created a united sense of purpose, teamwork and co-operation at the home, which people benefitted from. For example, one person had been inspired by the support they had received from the chef and the relationship that they had built. The person's aim was now to work in the food industry and they told us they were booked onto a food hygiene course starting next term and had been cooking with the chef. The chef told us, "This job has given me a new lease of life. I want to get me teeth into helping people." Another person was working alongside the maintenance person, they were checking the fire alarm call points and recording these checks. The person told us that they enjoyed having this responsibility and they were interested in how the fire alarms work. The maintenance person explained to us that safety was essential, but it was only a starting point. The aim was for people to realise and reach their potential in life and supporting people to take on responsibilities and grow.

Staff members were proud of their work and wanted to speak with us to tell us about their work as individuals and as a team. One staff member wanted to tell us, "I love working with [manager]. The home has come up a notch, morale is up and staff work as a team. [Manager] encourages people and guides

them." One student social worker had written in feedback, "I've got so much to take away in such a short time. You're a top team."

The registered manager fostered an atmosphere of respect for the people supported. When one staff member had unintentionally upset a person by their actions, this was highlighted to the staff member and they were encouraged to apologise to the person. One family member commented on this atmosphere saying, "The atmosphere at the home is very positive, absolutely everybody is involving and welcoming."

People's family members and health and social care professionals praised the consistent detail and transparency in the communication they received from the management and staff at the home. One person relative told us, "They are very good at communicating regularly." Another family member said, "The manager has made sure I always have all the information I need." The registered manager arranged for the CQC rating to be displayed and shared appropriate information with us.

It was clear that the registered manager had a positive impact on the culture of the home. One staff member told us, "Staff have a lot of respect for people who live here, that comes from management." The registered manager had a dynamic, thought provoking and person-centred approach. They told us that they say to staff, "When you have your own nice home, why shouldn't these men too?" they added, "I tell staff, you can't be coming in here saying that you have done this and that the weekend and not want the same things for the people living here."

The home had a staff appreciation book that staff and the managers wrote in; it also included comments from people supported, family members and students who had placements at the home. One staff member had written, "I am overwhelmed by your kindness and I am so proud to work alongside each and every one of you. Thanks."

The registered manager had a clear focus of where they she wanted the home to be and expected some people to soon be leaving the home to move into more independent living. They told us, "I want people to live in their community, have relationships and have a meaningful life. This is the only life we have. People shouldn't be held captive by their past. Some people have been labelled, but we need to be progressive. At times people change but services don't develop. We need to be aware of this and support people to take positive risks and challenge obstructions that may have been in place for years."