

WCS Care Group Limited

Newlands

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected Newlands on 20 and 25 July 2016. The first day of our inspection visit was unannounced. The service was last inspected in July 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Newlands provides accommodation for people in a residential setting and is registered to provide care for up to 26 people with physical disabilities. The home was divided into three separate 'households', each with their own lounges and dining areas. The home had several communal spaces which people could enjoy. There were 22 people living there when we visited.

A requirement of the provider's registration is that they have 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 and associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection who had been at the service for several years. We refer to the registered manager as the manager in the body of this report.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views. Staff developed inventive communication techniques to include people in making their own decisions. People always planned their own care, with the support of their relatives, advocates and staff. This ensured care matched their individual needs, abilities and preferences, from their personal perspective. This philosophy and the provider's vision and values were understood and shared across the staff team.

People enjoyed living at Newlands and they considered it their home. People valued their relationships with staff and felt they went the 'extra mile'. Staff encouraged people to maintain their independence, and had an in depth understanding of people's diversity and cultural needs.

People were supported to maintain their purpose and pleasure in life. Activities, hobbies and interests were based around each person's interests, people were engaged in innovative ways in activities that stimulated and interested them. Events and activities were organised both inside and outside the home and included events in the local community. Staff offered people ways to maintain and develop their independence and increase their life skills.

The provider was innovative and creative and strived to improve the quality of people's lives by working in partnership with experts. Planned improvements were focused on improving people's quality of life and independence.

People were actively encouraged to maintain and form links with friends and relations. Care staff treated people with respect and dignity, and supported people to maintain their privacy. Staff were caring and involved people in developing their environment to meet their life and support needs.

Excellent quality assurance procedures were in place across the provider's group of homes to exploit learning opportunities wherever possible. Information was shared across each of the provider's homes to ensure lessons learnt drove forward improvements. All the staff were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. There was a culture within the home to learn from feedback, audits, and incidents to continuously improve the service provided.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA.

Staff received training in safeguarding adults and understood the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff and volunteer staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

There were enough staff employed at the service to care for people safely and effectively. People were supported by a staff team that knew them well. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff had regular meetings with their manager in which their performance and development was discussed and development plans were agreed.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. Health professionals provided positive feedback about their relationships with the management and staff, which demonstrated people received effective healthcare. There were systems in place to ensure medicines were administered safely. People were encouraged to eat a balanced diet that took account of their preferences and, where necessary, their nutritional needs were monitored.

People who used the service and their relatives, were encouraged to share their views about how the service was run. People knew how to make a complaint if they needed to and the complaints received at the home were fully investigated and analysed so that the provider could learn from them. The provider used the information from complaints and feedback to improve their service by acting on the information they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at Newlands. Staff had been recruited safely and there were enough staff available to meet people's needs. People were protected from the risk of harm as staff and people knew what to do if they suspected abuse. Staff identified risks to people and took appropriate action to manage risks and keep people safe. Medicines were administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Outstanding ☆

The service was very caring.

People enjoyed the company of staff and considered Newlands to be their home. Everyone spoke positively about the care and support they received describing it as excellent. Staff used innovative communication techniques to understand people's wishes. Care staff treated people with respect and dignity, and supported people to maintain their privacy. Staff involved people in developing their environment to meet their life and support needs. Staff offered people ways to maintain and develop their independence and increase their skills.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff responded to people's requests for support quickly. People were encouraged and supported to live their lives in the way they

wished and to pursue interests and hobbies they enjoyed. People received support from staff who understood their individual wishes and reacted positively to their feedback. Care was planned and delivered in a person centred way which fully included the person in making decisions. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People were able to make comments and provide regular feedback and complaints about the quality of the service they received, all of which were analysed to identify areas where the service could be improved.

Is the service well-led?

The service was very well led.

The home was very well led by a management team that was experienced, approachable and accessible. Managers led by example and there was a recognised culture within the home placing 'people' and their needs and wishes at the heart of the service. The manager and provider sought feedback about how the home could be improved through people, stakeholders and recognised specialists in care. Excellent quality assurance procedures were in place to ensure lessons learnt drove forward improvements. All the staff were involved in monitoring the quality of the service, and there was a culture within the home to learn from feedback, audits, and incidents to drive forward 'best practice'.

Outstanding 

Newlands

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 was 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 visit took place on 20 and 25 July 2016. The first day of our inspection visit was unannounced and the second day was an announced visit. This inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority. Commissioners gave us information about the service that reflected our findings.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

We spoke with ten people who lived at the home, one person's relative and three visiting health professionals. We also spoke with five care staff, the chef, and members of the management team including the registered manager, the deputy manager, a service manager and the head of care and quality.

We looked at a range of records about people's care including four care files. We looked at other records relating to people's care such as medicine records and daily monitoring charts. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for two members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Is the service safe?

Our findings

People and relatives told us the home felt like a safe place to be. One person told us, "I've never felt as safe as I do here." Another person said, "It's the only place I've ever felt safe, I don't worry about using my call bell. I would like to stay here." They told us this was because they knew the staff were genuinely concerned about their welfare. There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support, which indicated they felt safe around staff members.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. There were posters on display giving people and staff advice on how to raise any concerns if they suspected abuse. Staff attended safeguarding training regularly which included information about how to raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us this training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns. One staff member described how they would recognise the signs of abuse saying, "A person could become very withdrawn, have a loss of appetite, or physical signs on their body they can't explain, a change of personality or a change of behaviour." They explained abuse was not just intentional harm to someone, but could be through neglect. They were clear about how they would deal with abuse saying, "You would go straight away to report it. I wouldn't let it happen; it is taking away somebody's dignity. I have complete confidence it would be taken as far as it needed to be."

The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed about the outcome of the referrals and any actions they had taken to ensure, as far as possible, people were protected.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff and volunteers who worked at the home were of suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they were barred from working with people who use health and social care services.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as fire and flood were planned for, so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

The manager had identified potential risks relating to each person who used the service, and care plans had been written with the person to instruct staff how to manage and reduce any risks. The risk assessments we looked at were detailed and were reviewed regularly to ensure they were up to date. For example, one person needed to be positioned in a certain way whilst they were resting or sleeping to prevent damage to

their skin. The records informed staff how the person should be positioned and when they needed support to move around. The records included pictures and photographs to show the correct use of supports and pillows. This was to ensure staff provided the person with consistent and safe care. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people, saying, "The information tells us how we should care and support people to ensure their safety." A member of staff described how they minimised the risks to people of falling at night saying, "Staff don't sit in the lounge at night, but in the corridors to hear how everyone is, and people have monitors."

People and their relatives told us there were enough staff to meet people's needs safely. One person said, "They (staff) are nearby and always walking around." Staff told us there were enough staff to care for people safely. Comments from care staff included, "There has never been a major problem with staffing", "There are always enough staff." One staff member said they would like more staff explaining as people got older and their conditions changed they often needed more support. However, they said, "We would never leave anybody unsafe. We could do with more staff to do activities with them, get them out to places and visit relatives."

Visiting health professionals told us they felt there were enough staff to care for people safely. One health professional told us, "There may be times when they can be pushed but that is normally through illness." Another one said, "Generally they are very well staffed and you can always find someone to come and help you."

We observed there were enough care staff at the home to care for people safely. Staff were available in the communal areas of the home, in addition kitchen staff, managers and housekeeping staff chatted with people and assisted them with preparing food and drinks. The registered manager or duty manager were also available to cover care duties at the home when needed. The manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. Each person had a dependency tool in their care records which assessed how much care and support they required. Dependency tools were assessed and reviewed each month, or when people's needs changed. The provider and manager used this information to determine the numbers of staff that were needed to care for people safely on each shift and in each household.

People told us they received their medicines when they needed them. Most of the people at the home required staff to support them in taking their medicine, however, some people took their own. Medicines were stored in each person's room to ensure people who could administer their own medicines had access to them. One person told us how staff assisted them to take their own medicines saying, "They give me all my tablets, not in my hand, but in an envelope, so I don't drop them."

People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Staff told us they would be confident to report any errors they made to their manager. This was important to ensure lessons were learnt and staff received support to continue to administer medicines safely. Regularly prescribed medicines were delivered by the pharmacist with an accompanying medicines administration record (MAR). Each person's MAR included their photograph, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. MARs were signed by staff, which confirmed people received their regular medicines as prescribed. Daily and monthly checks were in place to ensure medicines were managed safely and people received them as prescribed.

Some people required medicines to be administered on an "as required" basis, for example for pain relief. There were detailed protocols for the administration of these types of medicines to make sure they were

given safely and consistently. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels if they were unable to communicate verbally. This included descriptions of facial expressions or body language that could indicate pain. One staff member described how they assessed people's level of pain saying, "One person we support with medicines is not able to express themselves verbally, they blink to indicate whether they are in pain, another person looks up or looks down." We observed staff asked people who were able to respond verbally if they were in any pain before administering their medicine.

Is the service effective?

Our findings

Everyone we spoke with told us staff had the skills needed to support them effectively and safely. One health professional commented, "I think the level of care is fantastic."

Staff told us they received an induction when they started work which included working alongside an experienced member of staff and training courses tailored to meet the needs of people who lived at Newlands. One member of staff told us, "I did fire safety and manual handling training and then had more specific training for example, in medicines administration. It pretty much covered all the basics. I shadowed two members of staff, the first few weeks it was mainly working with them." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Staff induction was assessed by an in house training co-ordinator to ensure staff had the skills they needed. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider followed the latest guidance on the standard of induction care staff should receive.

Care staff told us their training helped them understand people's individuality and needs. One staff member told us, "We get good training. You do lots of different training, you learn a lot about the conditions people have and the best support they need. Sometimes we have specialist training for conditions such as Parkinson's (as we support some people with this condition). An organisation or charity that specialises in that area comes in and gives us a talk." We observed staff used their skills effectively to assist people at the home. For example, care staff were observant and proactive in minimising anxiety when people appeared worried. Staff used recognised and accepted techniques to reduce people's anxiety, such as holding people's hands, encouraging people to remember happy times and supporting them to look forward to future events.

The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. One staff member said, "You get refresher training every few years. It just brings you up to speed with what is important." The manager told us the provider invested in staff's personal development, and they were supported to achieve nationally recognised qualifications. One staff member confirmed this saying, "Everybody is offered an apprenticeship Level 2 within 12 months of starting. Some staff have started their level 3."

Staff told us they had regular one to one meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. One staff member said, "It is every three months but if you ever need anything the manager or deputy is around if you ever need to chat if you have got any issues." Another staff member commented, "They definitely add value because if there is something you need to raise you can." Staff participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The

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

The manager was working within the principles of the MCA and the DoLS. The manager explained the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Records showed the manager had undertaken mental capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. Where people were able to consent to their own care, people had signed showing their consent. Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their finances. In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Eight people had a DoLS in place at the time of our inspection visit. The registered manager had applied to the supervisory body, for the authority to deprive these people of their liberty, because their care plans included restrictions to their liberty, rights and choices.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. Care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. Care staff explained how they respected people's decisions to refuse support if they had the capacity to do so. One staff member told us, "Some people can't verbally tell you their decisions, but show you with their eyes or other physical signs such as a movement of their head. If they say no, we can only give plenty of choice, but no means no. We can't make them do something they don't want to do." They added, "Some people need support to make complex decisions, an advocate, family members or their doctor can help them."

It was clear from our observations that people enjoyed the food on offer at Newlands. People ate their meals with pleasure and some people asked for second helpings. One person said, "[Name] does a good Sunday dinner. They (the cooks) are pretty good." Another person said, "The food is beautiful. Good choice of different things."

At meal times, there were a number of dining areas available for people to use which included garden and patio areas, a large communal dining and meeting space and a dining area in each household. The dining rooms were calm and there was a relaxed atmosphere. Tables in the large communal dining area were set with tablecloths, mats, cutlery and condiments to make the mealtime experience a sociable and enjoyable event. People told us they could choose where to eat their meal.

On the first day of our inspection visit, the menu had been planned for a hot meal, however, because the weather was warm, people were offered a self-service buffet of cold foods, salads and fruits. The chef told us this was in response to people's feedback that the weather was too warm for the planned menu choice. Some people were able to help themselves to their food choice, whilst others needed assistance from staff. Where this was the case, staff showed people the choices on offer and asked them what they would like on their plate. One person decided it was too hot to eat at lunchtime, so staff took their meal away (with their agreement) and said they would keep it for later. Where people did not want the food on offer, they told us they could always request an alternative. One person said, "If I don't like something I would ask for fish,

chips and peas." A relative confirmed, "If you ask, the cook would prepare something else." The chef confirmed this saying, "We are happy to prepare people different meals if they don't want what's on the menu."

People were assisted to maintain their independence at mealtimes by being offered adapted plates, cups and cutlery to support them to eat independently. Enough staff were available to assist people if they needed it. We noted that people were confident to ask staff for support, one person saying, "Could you cut it up for me a bit more?" One person said they were struggling and a staff member responded, "Would you like me to come and sit with you so you don't struggle?" Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food. Staff members joined people for their lunchtime meal and chatted with them to make the mealtime a sociable event.

On the second day of our inspection visit people, their friends, relatives and staff attended a barbeque event in the outside garden. People were able to choose and help themselves to the food and there was a wide range of salad and vegetable accompaniments to the meal.

Food and drinks were available throughout the event and the rest of the day to encourage people to eat and drink as much as they liked. People and their relatives could help themselves to fruit, toast, biscuits and drinks, which were readily available in the reception and kitchen areas of the home. People also had drinks available in their room. One person said, "I have Bourbons biscuits. I have tea, they (staff) make it for me. The chef's a good cook." Another person said, "If I want snacks I ask the staff."

Staff knew people's dietary needs and ensured they were offered meals which met these. For example, some people were on a soft food diet and were provided with food options accordingly. Information about people's dietary needs was kept up to date by the chef and included people's likes and dislikes. The chef said, "We are always informed of any specialist dietary requirements." Where it had been recommended a person have a specific diet by health professionals, staff kept a record of the amount of food and fluid the person ate and drank, and recorded their weight, to ensure their nutrition was maintained.

The provider worked in partnership with other health and social care professionals to support people's needs. The manager confirmed the district nursing team and GP visited the home on a regular basis. Care records included a section to record when people were seen or attended visits with healthcare professionals and any advice given was recorded for staff to follow. Records confirmed people had seen health professionals when a need had been identified, which included their GP, district nurses, speech and language therapists and dentists. Care records were updated with the advice of health professionals and people received the care they needed. A health professional told us how staff at Newlands assisted people to maintain their skin saying, "They are very good at managing it, getting [Name] to bed during the day....just generally taking care of them while we aren't here." They added, "They will tell us if anything has changed."

We spoke with three visiting health professionals during our inspection visit. All of them spoke highly of the staff at Newlands. One said, "It is brilliant here. They phone us as soon as they need us and they don't hesitate to ask if they need anything." Another said, "We get called out very early to get something in place to manage things (if there is a health concern)," They added, "They are also good at managing issues before we get here."

Is the service caring?

Our findings

People, relatives and visitors told us the care and support they received was excellent. They told us they were very happy with the level of kindness, thoughtfulness and caring shown by staff. Some of the comments we received were; "I come here six days a week, I know a lot of the staff and I can say with total honesty, I'm over the moon with the total care package here", "It's brilliant", "I love it here", "Staff are fantastic."

People told us their lives had improved and their horizons had broadened since coming to Newlands. One person described how much they enjoyed living at Newlands, they spoke of being 'rescued' by the manager five and a half years' ago from going to an 'old people's home' where they felt they would have suffered, but instead were able to have a new life with new interests as well as maintain well-loved skills such as gardening. Another person told us they had moved to Newlands on a short term arrangement, and enjoyed their life at Newlands so much they didn't want to leave.

One person told us specifically how the encouragement they received had improved their quality of life. They explained they had lost the use of one arm. Since being at Newlands they had learned to rely on their other arm to paint and draw, use a computer and develop gardening skills. The manager had specifically designed an area for the person to complete their art and display their work, which made them feel valued and at home. The gardens had also been re-designed to encourage them to use their gardening skills. The person was thrilled with the progress they had made in the garden and commented, "It was not a garden at all when I came."

One person thought staff went the 'extra mile', because, "The cleaner was off work but she came in to give me a present on my birthday." Other people confirmed staff arranged birthday celebrations for them and celebrated important events in their life with them, which made them feel valued.

People clearly knew staff well and enjoyed their company. People asked staff to sit with them, which they readily did, chatting, making them drinks and generally keep them company. Staff told us they took pleasure in their role, as they felt they made a difference to people's lives. One staff member said, "What makes the job worthwhile is when someone says thank you." A visiting health professional said the atmosphere at the home was good for the people, because, "There is always lots of banter and it is always cheerful."

One staff member told us they were confident the service provided was caring because, "We have no end of people telling us, relatives and health professionals giving us feedback about what a wonderful place it is and we are doing a good job, it is nice to hear that." A healthcare professional confirmed to us, "All the staff I have come across are fantastic, caring and know people's needs."

The provider was exceptional at helping people to express their views, as they made sure people could communicate these daily through the use of creative communication techniques. As well as using tried and trusted methods of communicating with people, such as sign language and easy-read printed documents, the provider had obtained voice activated electronic equipment that people could carry around with them.

The electronic touch system was designed to be used alongside other signs and gestures, and had a voice activation system. One person had used the voice activation system to record a family member's voice, which they listened to when they felt anxious. A member of staff explained, "We started using the system with four people, it's now being rolled out across the home." They added, "The system is recognised by speech and language professionals. It can be taken out into the local community to build up the information and vocabulary it stores; it enables people to make more choices."

We observed one person used a microphone to communicate, because, although their voice was clear, it was quiet and they needed assistance to make themselves heard. Another person had the use of a button which helped them navigate a list of everyday options such as turning the TV on and off, and turning on an air cooling fan. A member of staff explained, "There are fifteen different things that can be done with just one button." Other people used a letter board so they could spell or point out words. One person had an 'easy talk' board with hundreds of symbols they could point to. The board covered options and choices for food, hobbies and voice recordings. A member of staff explained, "The board was developed through consultation with speech and language professionals."

Many people had lived at Newlands for a number of years and described it as their home. Most of the staff had worked at Newlands for a number of years as well. This meant staff knew people well. One person told us this made them feel secure, because "It's the same staff all the time." A visiting health professional commented, "All the residents know all of the staff and who to go to." Staff told us they generally worked on the same unit, which benefitted people because they received a continuous standard of care. They told us, "We all know what needs to be done for each person." People were also assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring each person's social and practical needs were met. One person commented, "My key worker is brilliant, we call her 'little Miss Dynamite'."

Staff were motivated and inspired to deliver a person centred service, displaying the value of putting people at the heart of what they did. People were fully supported to live their lives the way they wanted. Everyone was involved in their own care planning and decided what they wanted to do each day. One person told us about getting up late that day saying, "I had breakfast late. I took a long time getting ready (they laughed). I had bacon as well." Another person told us, "We choose what we want to do."

The deputy manager said, "We encourage independence here." They gave us examples of supporting people to carry on with their working lives or continue their education." For example, one person worked for a local car company. Another person worked for a local recycling charity using their engineering skills to recondition bicycles, which were sold to raise money for other local charities within the community. The manager explained that enabling people to continue their working lives had improved their sense of self-worth. They said, "One person who goes out to work gets out of bed early because they are eager to start. It's improved the persons' mood, and a sense of purpose has been rediscovered."

People were supported to maintain their dignity through staff's support and attention to their appearance. One staff member explained, "Most people here are younger adults and when they come here they are not at the end of their life and their life is still for living." Another staff member commented, "The ethos of this home is respect and dignity at all times." Staff ensured people who liked to wear make-up and who were interested in their hair style were supported to maintain their appearance in the way they preferred. A visiting health professional told us, "I'm constantly amazed by the care the residents get, they are always immaculately clean and cared for."

All the staff told us they enjoyed working in a pleasant and friendly environment where they felt valued and

respected. This attitude was forwarded on to people. One member of staff told us, "I'm treated well and people are happy to see me when I turn up. The [managers] will come up and say thanks for doing something. It is mutual respect." One member of staff said, "I think it is really good. When I first came here I got a good feel about the place. We care about what we do and we do a good job." Staff told us the manager showed they cared about their staff, because they were supported to maintain a work life balance and were supported with personal issues. A staff member commented, "I just feel any problems you have, you always feel there is somebody to go to."

The importance of people maintaining meaningful relationships with family and friends was recognised; friends and family visited whenever they were invited and staff welcomed them with hot drinks and snacks. People were keen to show us pictures and albums about their life at Newlands and their life before they came to the home, which included memories of family events and pictures of their relations.

Communal spaces were designed around the needs and wishes of people. People were consulted about the environment through an on-going resident consultation process. Each household was different, reflecting the styles of people who lived there. The deputy manager told us, 'People wanted their own household, their own corridor and front door.' They explained they had achieved this by developing different décor and maintaining access to each household separately.

One of the communal areas of the home was a spa room, with a large Jacuzzi to help people with relaxation techniques. Another area held art and craft materials for people interested in crafts as a hobby. Murals and paintings designed and drawn by people who lived at Newlands were displayed in communal areas. One wall had been painted with a mural of objects relating to people's interests, which included a train, a motorbike and flowers. An alcove in the dining area held a large model train set for one person who enjoyed trains.

People had decided how their personal space was decorated, furnished and arranged. People's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. Because one person liked pink, their room had been decorated in different shades of pink with pink furniture and accessories. Part of their room had been converted to a sensory area, at their request, filled with things to stimulate their senses.

Care staff spoke quietly and discretely to people when offering personal care. Staff respected people's privacy and their right to time on their own. We observed staff knocked on people's bedroom doors before announcing themselves and waited to be invited in. One health professional confirmed this was the usual practice at the home saying, "Oh yes, they always knock on the door before going in." People had keys to their rooms and were able to lock their front door when they wished. Where people were unable to lock their own door, staff assisted them to do so. One staff member said, "[Name] is unable to use a key but they like their room locked when they are out of the room, so staff support them to lock the door. It is their door, their home."

People had been consulted about their religious and cultural backgrounds, for example, whether they attended religious services or had specific food preferences. Their wishes were respected and supported by staff. For example, one person was supported to attend their local church, another person had specific food prepared according to their faith. One person who was of Asian descent; the staff at Newlands encouraged them to embrace their cultural heritage. Language lessons had been arranged for the person, their family often brought in prepared food and staff cooked food that met their cultural background, staff also supported the person to visit the local 'cash and carry' to buy sweets and cookies that reminded them of their heritage.

Most people were able to make their own decisions about their care and support. Some people also had relatives who supported them in planning their care. For people who did not have relative involvement, advocacy services were promoted around the home. An advocate is a designated person who works as an independent advisor. Advocacy services support people in making decisions; for example, about their finances, which helps people maintain their independence. Care records clearly described where an advocate provided support. One person had support in purchasing new furniture for their room, another person had gained support in buying a car. People were fully involved in the decisions such as trying out new vehicles before the purchase was made.

Is the service responsive?

Our findings

People told us staff always responded to them when they asked for their support and time. Comments included, "It's lovely," "Brilliant", "They (staff) listen." We observed staff responded to people's requests for assistance and support straight away with a cheerful attitude. Staff anticipated people's needs at certain times of the day, including when people might want drinks and snacks, but also when people might want to have a chat. For example, staff were quick to recognise when one person became emotional, staff responded straight away, reassuring them and relaxing them using their knowledge of the person. The member of staff explained, "Just simply being there helped the person." They made sure the person's concerns were shared with the manager, who went to speak with the person and arranged for a health professional to visit them.

The manager and staff acted on the feedback they received from people promptly. One person had asked to see the manager over the weekend because they had trouble manoeuvring their wheelchair to reach the bell at the front door. By the following week the manager had already responded to their feedback to get the bell moved so it was more accessible to those people who used wheelchairs.

Staff were flexible in their approach to supporting people and anticipated their needs could change, in relation to the weather. The first day of our inspection visit was a very hot day, and staff had responded quickly to change the lunchtime menu and offer a cold buffet. Doors and windows were open to outside areas and staff offered people regular cooling drinks. Where possible, fans and other equipment was used to cool people's bedrooms and communal areas. Staff were particularly vigilant for one person, who did not want to use their cool air fan. Staff encouraged them to drink plenty which minimised the risks of the person becoming overheated and dehydrated.

People's care and support was always planned in partnership with them which enabled the provider to deliver person centred care. Care records were comprehensive and detailed and written so staff understood their needs and abilities. One person told us, "I can do things the way I like." Another person said, "They really listen." A staff member said, "People definitely receive person centred care, there is no point doing the job unless you can do it the way people want it done. We are just here to support them." They gave an example of how this was put into practice saying, "We have a resident who will only have one person giving them personal care. They have a calendar and plans for the week, when to have a shower, at what time and who is going to do it. That is the way they feel confident." Care plans for supporting people to maintain their personal hygiene were very detailed and described exactly how the person preferred things, for example, when they liked to shower and the staff they preferred to assist them. In one person's care plan the actions for staff included how they liked their hair to be washed, how scalp massages relaxed them, their preferred toiletries and how they liked to be dressed after bathing. One staff member told us, "We are here to support them so we support people in the way they want to be supported. It is about giving individual personal care to residents, tailoring the care to their needs."

Staff explained they knew about people's individual needs because; "The care plans, we do lifestyle plans, we speak to family and friends and to the individuals and find out what they want", "You also speak to staff,

speak to the people themselves." Staff consistently told us they didn't just read the care plans, but constantly spoke to people to ensure they were meeting the person's needs on that particular day. A staff member commented, "It is important to know about their life before they came to Newlands [so that we can deliver person centred care]." One member of staff told us the provider planned to improve how staff responded to people by changing documents from 'life histories' to 'a bit about me'. The member of staff told us, "This is because we understand that life is still very much about living."

The manager was actively involved in building links with the local community. This encouraged people to engage with services and events outside the home. One person smiled as they described a carnival they had recently attended. They said, "We did a carnival float. I went on it all the way to [Town]." They showed us a picture of the carnival, which was being enlarged so they could see more of the picture. One member of staff told us about the local shop, saying the links they had established had encouraged people to shop there. As a consequence the corner shop raised funds for the home and supported people to do their shopping. The manager had also established links with the Sports and Social Club in Kenilworth and the home hosted fundraising events there. The fundraising events brought in people from the local community, raising awareness of the home. This had led to the club inviting people from Newlands to join them there. A member of staff gave us an example of how this relationship had benefitted one person who lived at Newlands saying, "[Name] wanted a 70th birthday party with a Cliff Richard tribute. However, this was quite expensive and cost more than the person had to spend. The deputy manager approached the club who offered them the venue. Tickets were also sold to the members, which enabled the person to have a huge birthday party with Cliff Richard."

The manager had built links with people in their local community to encourage them to volunteer their time at Newlands. For example, one person at the home had a volunteer driver who was able to take them out. Other volunteers included a ladies group that came into the home for a gardening club. Other people from the local community also worked at the home in the kitchen and laundry on a special employment scheme, which gave people with learning difficulties an opportunity to work in their community.

Staff found innovative ways to engage people in activities and interests they might enjoy. There was a dedicated team of lifestyle coaches, however, care staff and volunteers also supported people to pursue their interests. Staff recognised that 'everyday' tasks could stimulate and engage people's attention. A staff member explained, "It is not all about excursions out, it can be little things. There are always things you can do to make people's life better and improve their day." We observed staff putting this into practice, encouraging people to perform everyday tasks they enjoyed including painting, cooking and playing games. One staff member told us, "The activities change all the time. We (and the lifestyle coaches) do daily activities that don't cost anything. We have a focus of getting people out, there is no set day for people to go out as we can always do this. For example, one person is out today at the seaside, they wanted to visit their family so two members of staff have accompanied them."

One member of staff spoke about how they recognised people needed as many opportunities to follow their interests as possible so that people could live their lives as they chose. Staff said, "It is their lifestyle and what they want to do." They spoke of one person who followed a local football team and explained how they planned to take the person to football games. They also spoke about supporting another person to go to a museum display associated with their cultural background. Everyone we spoke with described different activities they were engaged in, or hobbies they were supported to pursue. Some people told us they enjoyed individual pampering sessions from staff and an aromatherapist to help them relax. Other people told us how they enjoyed and looked forward to regular visits to clubs, fishing at a local beauty spot where staff had obtained them a fishing permit and visits to specialist events such as racing at Silverstone where they were able to go in a fast car round the circuit.

Staff were enthusiastic about the opportunities people had, but were also keen to develop and offer more for people, they gave us an example of one person who had recently attended college but the course had finished, staff were working to find an alternative setting so the person could continue to receive stimulation outside Newlands. A community garden area had been developed as a 'Sensory' garden for people with certain disabilities, this was an area where people could touch, smell and see bright colours that stimulated the senses. In another garden area flower beds had been built at different heights so people in wheelchairs or with mobility problems could be involved in the gardening club that took place.

People told us they felt encouraged to participate in the daily routine of the home, for example, cake making, cleaning, doing laundry, cooking and shopping for their own meals. We observed people moving around the home as they liked and spending their time how they wished, this included the use of communal living spaces but also included people accessing the main kitchen where the chef worked. The chef told us they encouraged people to be involved in preparing their own meals if they wanted to. One person told us how doing daily household tasks themselves increased their feelings of being independent, which was important for their wellbeing. They told us they tidied their own room and did their own laundry. Another person explained they were able to go into town by themselves and had been shopping that morning and bought a couple of beers (something they enjoyed) to have in the garden later.

Each person had an individual activity plan, which included any goals they wanted to achieve, for example, going fishing or visiting a relative. Staff took photographs of people during activities to remind them of the things they enjoyed. Photographs were used to create an activities record and memory albums for people, prompting them to remember things and assess their achievements against their goals. One person commented, "I have a good social life, they take photographs and put them in a book and I read about it." The memory albums helped staff and people plan what they might want to do in the future, and how people could continue to reach their goals. A staff member explained, "The photographs are about the present, a way of recording tomorrow's memories."

One of the activities offered at least three times a week was a group activity to deliver exercise and activity sessions to people. Staff and managers took time out of their day to join in with people, changing their dress, wearing funny hats and colourful accessories. People laughed and had fun interacting with staff and each other. The programme was accredited and used objects for people to hold as well as encouraging people to move to music and sing well known songs. The programme was designed to increase people's feelings of well-being.

The manager, deputy manager, lifestyle coaches and activities/lifestyle champion conducted reviews of the activities people took part in regularly, as did other senior managers. This was to identify whether people enjoyed them and look for new ideas and areas that could be improved. The deputy manager told us about their most recent review, they looked at what staff were doing with people and what qualities they had brought to their interactions. For example, one person was low in mood and the staff member had recorded that they had used 'compassion and kindness'. Another person had interrupted a staff member working on the computer because they wanted to do karaoke. This had involved other staff members so the engagement was described as "playful, but not much work done!" Staff had recognised that a positive interaction with this person was more important to the person at that time. One person was supported to telephone a family member who had visited them to make sure they got home safely because they were concerned. Although this was a small gesture it was acknowledged this had made the person feel better.

All of the people we spoke with told us they could choose who visited them at the home. One person told us their partner visited them every day and spent most of their time there. We observed them waiting in the reception area for their partner to arrive, who they greeted with smiles and laughter. The staff invited family

and friends to visit them for special events such as Christmas meals or birthday celebrations. One relative told us about their relation's birthday celebration saying, "At their birthday last year we had a fantastic party with a lot of friends and family." Another relative commented, "I came for Christmas dinner and breakfast on boxing day with my relatives." In addition the home offered people the use of a family room for their relations to stay at Newlands if they did not live close by.

As well as encouraging people to see their family and friends at Newlands, staff went the 'extra mile' to encourage people to visit their relations. We observed on both days we visited the home people were visiting their relations accompanied by a lifestyle coach. One person told us about regularly visiting their sister who was unable to come to Newlands. Other people were supported to go on holiday abroad with their family. A member of staff told us they supported one person to visit their parents by finding a local company to hire a hoist and equipment from and hotel room with a suitable bed and sufficient space to use the equipment.

The provider enabled people to maintain communication with friends who were not local, by telephone, digital screens and online tools such as social media. People told us they were encouraged to keep in touch with the wider world, and were learning communication and computer skills to do so. People had access to the internet and computer equipment and could use these facilities when they wished. Several people explained how they used the internet to contact friends and relations, or just keep up to date with the latest news. Other people had a regular daily newspaper delivered to the home.

There was a handover meeting at the start of each shift attended by care staff and care coordinators where any changes to people's health or behaviour was discussed. Information was written down in a handover log, so each member of staff could review the information when they started their shift. We attended two handover meetings during our inspection visit. Where staff needed to respond to any changes in people's health or emotional wellbeing actions were put in place. For example, one person was feeling down and staff were advised to be aware of the person's mood and keep an eye on them. One member of staff commented, "Communication between staff is very fluid. If there is any problem it is drilled into you to hand it over straightaway. Everyone is updated constantly."

Care records were continuously checked so people's records reflected their current support needs. This involved monthly reviews, monthly meetings and an analysis of handover information to ensure that where people's needs had changed, these were incorporated. One staff member commented, "Meetings are very organised. We discuss each resident, what has happened the previous month and any issues that have arisen. The manager will act on changes when needed. One staff member confirmed records were always kept up to date saying, "If we feel there is a change, conditions or their needs have changed, the care plans are always updated and reviewed."

Information displayed in the reception area informed people about how they could make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person confirmed, "If I wasn't happy with anything I would speak to the manager." A staff member said, "If someone wanted to make a complaint I would ask what they were unhappy about, and if I could fix it for them I would. If not I would go to my line manager and help them make the complaint."

In the complaints log previous concerns, feedback and complaints had been fully investigated and responded to in a timely way. For example, one person had made a complaint about staff allocation at the home, the manager and provider had responded by investigating the reason for the complaint and subsequently made a small adjustment to staff allocation. The manager and provider monitored complaints

to identify any trends or patterns to see if improvements needed to be made at the home. The manager met and discussed concerns with complainants and acted to resolve issues to their satisfaction. This showed the manager acted to improve the quality of their service following people's feedback.

Is the service well-led?

Our findings

There was an experienced registered manager in post at the time of our inspection visit who had been at the home for several years. The provider had maintained a history of compliance with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 at Newlands since its registration with us. The names of the manager and duty manager were displayed in the reception area of the home so visitors and people who lived at Newlands knew who to ask for if they had any concerns. Everyone told us the manager was always accessible and approachable to them. One person told us, "The manager is very good. I don't know how they do it." Staff comments included, "If you go to the manager and say 'can I speak to you?' they will say 'can you see me now'. They will see you straightaway", "They are brilliant. I personally can't fault them. They aren't a manager who is very clinical, they actually get involved. It is little things you notice that make a difference, they will eat their lunch at the table with people. They get involved basically."

Everyone we spoke with told us the home was very well led. This included people, health professionals, visitors and relatives. One relative commented, "The majority of our family said if anything happened to us, we'd like to come here." A health professional told us, "It's very good, outstanding." Staff told us the provider and manager encouraged them to have a caring and inclusive approach to providing care for people at Newlands. They did this by setting an example with their own behaviour and demonstrating the provider's values in their interactions with people. The manager and other senior managers from Newlands demonstrated they knew people well at the home; people spoke with them freely using their first names and frequently approached them to ask for their support. They responded to people with smiles and supported people when asked. They knew people well enough to anticipate people's needs offering them drinks and understanding people's facial expressions to respond to them.

The values and vision of the provider were embedded in the ethos of the home, which were to put people at the heart of what they did at Newlands. The provider operated their homes as a registered charity, any money generated from people living at their homes was used directly to continually develop and improve their services. Staff received training in the provider's vision and values, they were asked to sign up to a charter agreeing to provide 'person centred care' to people. The charter encouraged staff to support people to live their lives according to their wishes. Staff were asked to display positive and engaging attitudes with people, this was to 'make people's day'. We observed staff acted according to the provider's vision. Staff ensured each person's choices and capabilities were respected by asking them about what they wanted when they offered them support. Staff were cheerful and approachable to people and visitors at the home and greeted people they met as they moved around the home. Consequently people responded with smiles and spoke with staff in a relaxed way.

Staff told us the manager kept themselves up to date and in touch with what was happening at Newlands. The manager told us they conducted a daily walk around at different times of the day, which included early morning to meet and observe night staff. In addition, the manager attended handover meetings on a regular basis to keep themselves informed of changes to people's care needs. The manager ensured staff were putting their training into practice, by working alongside staff and assigning care co-ordinators two shifts

each week to observe staff. One staff member confirmed the manager's everyday involvement in the running of the home saying, "They will do a weekend shift on the units. They are not just in the office. They take an active part in the home." The deputy manager said, "It enables us to keep a good relationship with staff and to keep eyes and ears on what is happening in the home." We asked staff how they felt confident they had the skills they needed to support people. One staff member explained, "We are all trained and none of us is expected to do anything until we are trained to do it." Another staff member said, "If you felt you had gaps in your knowledge you would speak to your manager. They are very good; they would make sure we had adequate training to meet people's needs."

The manager was part of a management team which included a daily duty manager and senior care staff or care coordinators. The provider invested in management support for staff and provided a duty manager seven days per week. Care staff confirmed there was also an 'on call' telephone number they could contact 24/7 to speak with a manager if they needed to. This provided staff with leadership advice whenever they needed it. Comments from staff included 'The support is 100%. They are confidential as well', "There is always somebody there who will lead you in the right direction."

All the staff team were involved in monitoring the quality of the service through regular audit checks, for example, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording, staff were reminded of the importance of keeping good records at group or one-to-one meetings with their manager. For example, where errors in the recording of medicines were discovered staff training in medicines administration was renewed. The manager and provider promoted an open culture by encouraging staff to raise any issues of concern with them either through their 'open door' policy or through regular team meetings. The manager stated, "We use a problem solving approach to find creative solutions, we work together to find solutions." A member of staff told us, "We can make suggestions for improvement. The manager really listens to our ideas." Another member of staff told us they would rate the service as outstanding but were keen to stress, "There is nothing that is dead set and can't be improved and they are always looking to improve. I can't fault it." For example, in a recent meeting staff had identified the need to increase housekeeping staff and a recruitment process was underway. The head of care and quality said, "We are creating a way that employees across the group can pitch ideas to senior manager's (Dragon's Den Concept), share good practice, to encourage collaborative working."

The provider used information about 'best practice' from experts in their field. The provider engaged with a number of organisations to arrange training for their staff which met the individual needs of people at Newlands. They contracted specific organisations to provide staff training, making sure staff were following recognised 'best practice' when providing care. For example, organisation such as the Multiple Sclerosis Society, the NHS and the Huntingdon's Disease Society were used. The manager told us they also took advice and specialist knowledge directly from people living at Newlands. For example, one person who had Multiple Sclerosis had been involved in training staff on the latest training course for their condition. They had been fully engaged in the training, using the knowledge they gained themselves to understand their own condition, and providing staff with information on how the condition impacted on them, which further assisted staff in tailoring care around their individual needs.

The provider sought feedback about the quality of the service from recognised organisations and agencies which were specialists in their field, for example, they used Alzheimer's Society guidance to assess whether people were able to participate in certain activities and how they responded to certain situations. We found this advice had been implemented at the home and was being used. For example, where people had a physical disability the assessment tool helped staff to understand the activities they were able to take part in according to their skills and abilities.

The provider had applied for, and achieved, accreditation of staff practice in a number of areas which included Investors in People and the National Association for Providers of Activities for Older People. This was to acknowledge staff's good practices, recognising staff's contribution in the work they do.

The provider continually strived to improve the service people received at the home. The provider demonstrated this was a consistent approach across all of their homes where there was an understood culture of learning following feedback and advice. For example, the provider encouraged lifestyle coaches across their group of homes to meet regularly to exchange ideas and review initiatives. These meetings were held regularly, minutes of meetings showed previous activities were reviewed to assess people's engagement and enjoyment. Information from all of the homes across the provider's group was shared to improve the planning of future events.

The provider reviewed 'best practice' and recommended guidance from recognised organisations. This helped them implement systems and practices that were proven to increase people's well-being. For example, the manager had sought advice from a recognised charity Mencap when developing a sensory area at the home. In addition, managers from the group had recently visited an internationally recognised provider of excellence in dementia care, to learn about their methods. In response the provider was updating some of their homes under a refurbishment programme. Records showed an expert by experience from Age UK had spent time at Newlands observing and listening to people's experience of the service. The provider had responded to their specific feedback and had updated some of the décor at the home.

The provider had an on-going improvement plan for Newlands which had been drawn up following a consultation with experts and people there. The plans had been developed to increase and promote people's sense of involvement in developing and enjoying their home. Improvement plans included a re-decoration programme across each household, updating the dining area to be a more homely 'bistro' style space, including adding a large cinema screen on the wall. The Jacuzzi area was being enhanced to include more Spa facilities, and kitchenettes in two households were due to be updated. One person liked art and there were plans to develop part of the communal area, which had lots of natural light, into an area for the person to pursue their passion for art.

Other improvement plans included a clearly described staff retention and development programme. This was to enhance staff skills for the benefit of people who lived at Newlands, and to promote staff engagement and career development. The provider had appointed care co-ordinators, to improve management level skills to support staff's career development. A leadership programme had been developed for care co-ordinators and managers to ensure they were equipped with the skills and knowledge they needed to be successful in their role. The programme included care co-ordinators across the provider's group of homes meeting together to share information and ideas. The manager told us, and records confirmed, senior staff were encouraged to complete levels four and five in leadership and management skills which were nationally recognised qualifications. The head of care and quality told us, "All of the management team at Newlands are on a specific leadership programme which is being facilitated by 'Ladder to the Moon'. Ladder to the Moon provides workforce and service development that enables health and care organisations to develop active, creative, vibrant care services. Their approach involves staff, people living with long-term conditions, and the wider community."

In addition, Newlands were planning to implement a new medicines monitoring system. The head of care and quality told us, "The medication system is to be enhanced at Newlands by the introduction of the 'e-mar' which is an electronic system which further reduces the risk of medication errors."

Information in the PIR confirmed staff were being appointed as champions in individual specialisms, such as

mealtime and lifestyle champions, to engage in concentrated learning in these areas and to cascade their knowledge and skills. The manager told us staff had been asked to reflect on their interests and to consider whether they would like to become a champion at Newlands, as these were being implemented. The manager commented, "We are in the process of introducing champions, some staff have already been identified. Other staff have put their names forward and are contributing their knowledge to support colleagues and improve quality." We were able to review a number of staff applications to become champions which demonstrated their level of enthusiasm to continually develop the service.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred at the home, to make sure appropriate action was taken when necessary. Records showed, for example, medicine errors, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC. People's care records were kept up to date with changes in people's care and health needs. In addition, risk assessments were regularly reviewed in response to people's changing needs and in response to investigations into accidents and incidents and any learning that arose from these.

We found the provider learnt from their manager's experience in each of their homes. The manager said, "The provider operates an open culture, I and my staff are encouraged to provide feedback and provide ideas on how things can be improved." The manager was supported to have regular meetings with other senior and registered managers to learn from each other. When issues arose at any of the homes in their group, they investigated the issue and applied their learning across all of their homes. For example, Information gathered through quality assurance procedures, testing new systems and organised observations at Newlands influenced changes at other homes in the group. For example, the 'tablet computer' communication that was in use at Newlands had been piloted by people there, and this was being cascaded to other homes within the group.

The provider's quality assurance system included asking people, visitors and relatives, visiting health professionals and their own staff about their views of the service. Systems included conducting case study analysis of people's experiences at the home. The case studies were used to assess whether the home met people's needs effectively. We were able to review three recent case studies which had involved people's relatives to gather data. Comments people made included, "I can't stress how brilliant Newlands and the team are, we won't find a better place, there is no other place like it."

A yearly quality assurance survey was undertaken asking people what they thought of their care, the environment and the staff. The responses to the survey showed a high level of satisfaction. In addition, people were encouraged to share their opinions about the service through household meetings, comment cards placed in the reception area of the home, online and via a hotline number direct to the provider's Chief Executive Officer. Requests people had made to improve the service were followed up by the manager, for example, in a recent household meeting staff had discussed people becoming more involved in preparing their own meals as they enjoyed cooking. Plans had been drawn up in response to the feedback to include people in preparing their meals.

We reviewed a number of comment cards that had been completed, these showed very positive feedback about the service from people, family members and visiting health professionals. One person had written, "Thank you for supporting me as an adult." A health professional had commented, "I was very impressed with Newlands." Several people had expressed their pleasure at the quality of care they observed at Newlands and said they would recommend the home to others. The provider told people about the

feedback they had received, and the actions they took through a regular newsletter that was displayed in the reception area of the home. Also comment cards were displayed with people's feedback. We observed one person reading the latest newsletter when we visited the home, the person asked the manager to provide this to them in a large text format which was immediately produced to enable them to easily access the information.