

Nutley Hall

# Nutley Hall

## Inspection report

Nutley  
Uckfield  
East Sussex  
TN22 3NJ

Tel: 01825712696  
Website: [www.nutleyhall.org](http://www.nutleyhall.org)

Date of inspection visit:  
19 June 2017  
23 June 2017

Date of publication:  
04 September 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Nutley Hall on 19 and 23 June 2017 and the inspection was unannounced. Nutley Hall is a care home which provides personal care and accommodation for up to 33 adults who have a learning disability. On the day of our inspection there were 32 people living at Nutley Hall. Nutley Hall is made up of a number of small group homes in a community setting and offers therapeutic approaches based on the ideas of the philosopher Rudolf Steiner, which includes the recognition of each individual's unique path in life. Nutley Hall is a living and working community providing residential care & support and employs nearly 50 members of staff, some of whom are also resident on site. Nutley Hall has a craft centre, bakery, woodwork room, classroom, candle making and weaving workshops, kitchen gardens, communal hall and a lively cultural & social environment. There are six distinct homes within the community of Nutley Hall and each home has a house co-ordinator. The registered manager oversees the whole Nutley Hall community.

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

The registered manager had not consistently notified us of events that had occurred within the service so that we could have awareness and oversight of these to ensure that appropriate actions had been taken. We have made a recommendation about this in our report.

People were kept safe at Nutley Hall. Staff told us they understood the importance of people's safety and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans were in place, which instructed staff how to minimise any identified risks to keep people safe from harm or injury. Some food safety checks were not being recorded. We have made a recommendation about this in our report.

There were suitable arrangements in place for the safe storage, receipt and management of people's medicines. Medicine profiles were in place which provided an overview of the individual's prescribed medicine, the reason for administration, dosage and any side effects.

There were sufficient numbers of staff employed to meet people's needs and staff knew people well and had built up good relationships with people. The registered provider had effective and safe recruitment procedures in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people as individuals and with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. People's privacy was respected by staff who valued people's

unique characters.

Peoples' health was monitored and referrals were made to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' care plans.

Staff were kind and caring: good interactions were seen throughout our inspection, such as staff sitting and talking with people as equals. People could have visits from family and friends whenever they wanted.

People received a person centred service that enabled them to live active and meaningful lives in the way they wanted. There were a range of varied and meaningful activities that engaged people and gave people a sense of belonging in their community.

Complaints were used as a means of improving the service and people felt confident that they could make a complaint that any concerns would be taken seriously.

There was an open, transparent culture and good communication within the staff team. Staff spoke highly of the registered manager and their leadership style. The management team had positive relationships with the care staff and knew people well.

The registered manager took an active role within the service and led by example. There were clear lines of accountability and staff were clear about their roles and responsibilities. The provider had systems in place to assess and audit the quality of the service.

## 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 were protected from the risk of abuse and staff understood their role in protecting people from abuse.

Risk assessments were comprehensive and reduced hazards.

Staffing numbers met people's needs safely.

Medicines were managed safely and stored and administered within best practice guidelines.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to carry out their roles and told us that they felt supported by the registered manager.

Consent was being sought and the principles of the MCA complied. Where people lacked capacity correct procedures were followed and least restrictive practices were implemented.

People received adequate food and drink to remain healthy.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and used the information about people to effectively support them and build up caring relationships.

People and their families were involved in their lives and could make decisions about their care.

People were treated with dignity and respect and their independence was encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People received a person centred service and staff responded effectively to people's needs. People had access to a range of meaningful activities and were part of a community.

Complaints were responded to appropriately and were used as a tool for improving services.

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

The service was not consistently well led.

The culture of the service was open, person focused and inclusive.

The management team provided clear leadership to the staff team and were a visible presence in the service.

Quality monitoring systems had been effective and had led to changes when improvements were identified.

**Requires Improvement** 

# Nutley Hall

## 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 19 and 23 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As some people who lived at Nutley Hall were not consistently able to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved with people's care provision during and following the inspection. As part of the inspection we spoke with the registered manager, four house co-ordinators, five care staff, two volunteers, two craft masters, the baker, seven people and two people's relatives. We looked at a range of records about people's care and how the service was managed. We looked at seven people's care plans, medication administration records, risk assessments, accident and incident records, maintenance records, complaints records two staff files and quality audits that had been completed. We last inspected Nutley Hall in March 2015 when they were rated Good.

## Is the service safe?

### Our findings

People and relatives told us that they felt safe living at Nutley Hall. One person told us, "I'm safe living here. I feel safe doing work." Another person told us, "Staff help me with my tablets every morning and afternoon." One relative told us, "There are always people about and it's a home atmosphere. Everything is on site and there are no roads immediately. They go shopping on Saturdays and are always with staff." Another relative commented, "X has to be in a safe environment and the staff are fabulous and keep him safe."

People were protected against the risks of potential abuse. The registered provider had a safeguarding policy in place which had been updated recently to include newer categories of abuse, such as modern slavery. The policy correctly referred staff to the local authority multi-agency policy for safeguarding adults at risk. A safeguarding file contained information about incidents that had been flagged as possible concerns. Each incident had been investigated and plans had been enacted to ensure people's safety. We saw referrals had been made to the local authority safeguarding adults team. Staff members understood their role and duty in reporting safeguarding concerns. Staff were able to talk confidently about the reporting procedure and the different types of abuse. They also knew what potential signs to look out for, such as a change in behaviour, in order to be vigilant against potential abuse and keep people safe. We spoke to one member of staff who told us, "Safeguarding is very important here as some people cannot express themselves and can only show through their behaviour if something is wrong, so are very vulnerable. I have also learnt that some people who are articulate can be very vulnerable as they can get things wrong and be manipulated."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Each person had a quick reference risk assessment that measured a range of potential hazards, such as trips and falls and fire. Where a possible risk was identified a control measure was put in place. For example, we saw one person had been highlighted as being at risk when they went swimming; a control measure of, 'Always has one to one staff when at the swimming pool and is wearing arm bands' was implemented to reduce the potential hazard. Where significant risks were present a separate risk assessment was used. Positive risk taking was encouraged by the service when supporting people with known hazards through these separate risk assessments. One person had been diagnosed with epilepsy and was highlighted as being at risk of prolonged seizures and minor to severe injuries. The risk assessment identified control measures that were safe but gave the person the greatest level of independence, such as sensor alarms under their mattress and a trip mat in front of their bed. The risk assessment identified safer places that the person goes to regularly where they could have times alone unsupervised so that they were not under constant supervision.

Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the risk. Fire protection equipment was

regularly checked and serviced by the provider. Staff were trained in fire awareness and staff were appointed as fire marshals with specific responsibilities. Quarterly fire drills were carried out with the people's active participation. People had a personalised emergency evacuation plan that detailed their ability to respond to the alarm system, their awareness of procedures in case of emergencies, and any equipment they may need during an evacuation. These were reviewed regularly to reflect any changes. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Food safety checks were not always being evidenced. We checked the kitchen, dry storage area and equipment for cleanliness and found that it was clean and free of any dust, waste food or spills or marks. However, when we requested to see copies of the cleaning records we were shown blank tables where tasks had not been marked as completed. Although the kitchen provided a largely vegetarian diet, meat was served once a week and also for special occasions such as birthdays or celebrations. The meat probing charts, that record the temperature of the meat before serving to ensure that it is safe to eat, had also not been completed. We spoke to the local authority food safety officer and were told that although it is not a legal requirement to record core temperatures of cooked foods, it is recommended especially for businesses that cater for vulnerable groups.

We recommend the registered manager seeks national guidance on safe food practices and complies with best practice guidelines.

There were enough staff employed and working each shift to keep people safe and meet their needs. We reviewed samples of rotas for two weeks in May and two weeks in June and saw that the rotas matched the assessed levels of staffing. Where some people had a higher support need a funding agreement had been reached for one to one support hours and these were reflected on the rota. Each of the six homes within Nutley Hall had its own rota and sufficient staff were deployed in each service to meet people's needs. We spoke to one house co-ordinator who told us, "Staffing levels are good and we all work flexibly. There are six people living in this home and they are supported by five staff." Staffing was made up of permanent staff and live in volunteers. The volunteers, who typically stay for one or two years, received the same level of support and training as permanent staff. All new care staff, including volunteers, were undertaking the Care Certificate. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. We looked at three staff files: all had a Disclosure and Barring Service safety check, photo ID and two references. One did have a gap in employment but this was investigated and was identified as a gap year. We looked at 3 voluntary workers files and all had ID, references and checks to ensure they were safe to work with vulnerable adults.

There were safe medicines administration systems in place and people received their medicines when required. The service used a monitored dosage system where tablets arrive from the pharmacy pre-packed and in a separate compartment for each dosage time of the day. We checked the medicines administrations charts for people and found that medicines were being signed in to the service and counted correctly, meaning that audits of medicines were being conducted accurately and regularly. In one service some creams had not been applied to one person as regularly as they should have been so a check of the medicines four times a day had been implemented. As required medicines (PRN) had a PRN protocol sheet to guide staff on when they can be administered and what signs to look out for, e.g. if there was an allergic reaction. We observed three administration rounds of medicines in different homes in Nutley Hall and saw that the staff member administering medicines gave their full attention to the task and spent time with each individual, ensuring they understood what was being offered, and why.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "The staff know how to look after me: they help me to do my jobs." Another person commented, "I need help to take my tablets properly in the morning and afternoon and staff always help me well with that." One relative told us, "Staff know how to look after my son; because there are house staff, and there are other co-workers who are chosen carefully and X is looked after in a very lovely, loving atmosphere."

Staff told us they had the training and skills they needed to meet people's needs. One staff member commented, "The training is very good we have lots of updates available. We use the staff meeting to discuss training we need and I feel well trained and up to date. There is definitely additional training available to people." Another staff member told us, "Nutley Hall invests a lot in training and ensures that staff and volunteers are well trained." Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. We reviewed the training matrix for Nutley Hall. Training was arranged under different headings: 'mandatory' courses consisted of courses that all staff had to complete, such as safeguarding and infection control; 'mandatory to meet needs of the service' training included courses such as homely remedies and epilepsy training, and 'additional' training which contained courses such as autism and specialist communication courses. We chose two 'mandatory' courses to check for staff completion rates and found that all staff had up to date safeguarding training and infection control training.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had ensured that people's freedom had not been restricted unnecessarily and that systems were in place to keep people safe. Where appropriate, people had received an MCA assessment. For example, one person required surgery under general anaesthetic. The correct procedure had been followed and a best interest meeting recorded the participation of a doctor a senior carer and a consultant. People had been subject to DoLS and these had been renewed regularly. The registered manager kept a spreadsheet for DoLS and we confirmed that all people had received an MCA assessment prior to an application for DoLS being made.

People told us they liked the food and were able to make choices about what they had to eat. One person commented, "I really like the food here. It tastes really good. Today we have quiche, salad and jelly." Another person told us how they enjoyed working in the kitchen to help make tasty food. One relative commented, "The food is excellent. I really like that it is fresh and organic and is always very good quality. There's always plenty and always puddings which people love. One reason [relative] doesn't want to come home at weekends is they have a brunch that they cook themselves: full English with everything." The main meal of

the day was cooked in the main kitchen and served at lunch time. This would be a meal with a salad and a dessert with as many ingredients provided by the gardens as possible. Each house then provided breakfast and an evening meal. People were able to choose their menus. One staff member told us, "Once a week [in each home] we do a menu plan and people ask for things they like to eat so there's always a lot of variation. The resident's forum discusses what food, bread and biscuits they like or don't like."

The service provided an organic, mainly vegetarian and healthy diet to people. People could request alternative dishes if they did not like the main course offered and meat dishes were prepared if requested. A gardener had been employed to grow as much organic food as possible for people, and people were encouraged to join the gardening group so that they can help to plant, tend and harvest the produce to be used in the kitchen. We observed three mealtimes and the food was healthy, well presented and enjoyed by all people. On each occasion all the food was eaten and people returned for second helpings. Mealtimes were social events where tables were laid with flowers and candles and people spoke together and shared their day with each other and their staff team. There was a bakery on site run by people with the assistance of a baker. This produced fresh organic bread and biscuits as well as some cereals such as granola, for each house. All produce was made freshly, using organic certified ingredients, and provided people with meaningful activities. People told us that they enjoyed working in the bakery and seeing the results of their work.

People's specialised diets were known and provided for by staff. One person in the bakery was making a special low sugar treat for people with diabetes and they described how it was made and which ingredients they were using. Another person's care plan detailed exactly which types of food helped with a health condition and listed foods such as a whole food diet, and soaked linseed and prunes together with cereal for breakfast. At a care plan review it was recorded that these measures were working effectively. Another person was trying to lose weight and they were on a lower carbohydrate diet. Their care plan also listed their favourite foods such as crisps, chips, and soft drinks so that staff could provide these treats on outings or special celebrations.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One home co-ordinator told us, "We are registered with the local GP and have links with audiology in Brighton and urology in Haywards Heath and the GP is here whenever they are needed or every year for people's annual review." We spoke with a social worker who was visiting Nutley Hall to attend an annual placement review for someone who moved in recently. The social worker told us, "The review was very positive and there were regular trips to medical professionals and a specialist doctor." As part of the Rudolph Steiner philosophy underpinning the service, Nutley Hall employed a homeopathic doctor to advise and consult on complementary therapies. We saw examples where several residents had been assessed as benefitting from the involvement of the homeopathic doctor and had received treatment. A letter, dated December 2016, from the GP who was clinical lead for learning disabled patients at the local surgery praised, 'The high quality of care and holistic approach to all the physical, social and emotional needs of our patients resident at Nutley Hall.' The letter praised the 'excellent' level of staff knowledge about the residents and the efficient administration of medicines.

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "The staff are very nice to me: very nice, kind and caring." Another person told commented, "I like living here: this is my dream to stay here." A third person told us, "I know the names of all the staff." One relative commented, "The staff are very caring. They choose [staff] very carefully and they have some lovely people: it's one of the reasons I like to go there to visit and it's always such a lovely feeling to go there." Another relative told us, "The staff are above and beyond. It takes a certain kind of person; there are a lot of young European students who are warm hearted and caring and they want to do the work. The attitude is different to some care homes we've seen." One member of staff told us, "One of the really special qualities of Nutley Hall is we are able to build real relationships: there are two people I looked after in 1983 who are still here. It's nothing like the usual shift work; there is a strong connection here with people." Another member of staff commented, "There are not many staff changes and people stay for years and build relationships. It's my home and their home and not just a workplace."

We observed very open, familiar relationships between people and their staff and these were apparent throughout the inspection. We observed staff chatting to people as they passed and conversations happened naturally in all areas of the service, instigated by people and staff members. One person was carrying a photograph with them as they walked from one place to another within Nutley Hall. The photograph was a treasured possession and meaningful object for the person. We saw different staff members approach the person and ask to look at the photo. We saw that the person was very happy when people spoke about the object. Staff members had the skill and compassion to use the photograph to engage the person in conversation and by doing so reaffirmed the person's identity. Each day at Nutley Hall was started with a 'morning gathering' where everyone in Nutley Hall, management, staff and people, met in the purpose built hall and held hands and sang a song together before hearing news of the day, such as a music event later that day. The structure of the meeting reflected the ethos at Nutley Hall that there were no barriers between staff and people and that everyone was valued as an individual.

People's relationships outside of Nutley Hall were nurtured by staff who actively encouraged people to maintain important relationships. We saw evidence that two people were supported to keep contact with previous foster carers and their wider families. Other people had regular contact with their families and friends. People regularly visited their families and people's loved ones and friends were encouraged to visit Nutley Hall and join in with regular events and celebrations. Where people were unable to speak for themselves information about important people was clearly recorded in care plans. For example, one person's plan stated, 'X is an important person for me. I have known her a long time. I trust her and like her very much and I know when she is around everything will be alright.' The plan then went on to list people living at Nutley Hall whom the person had known for many years as well as explaining who an old friend was who visits and takes the person out.

People's independence was encouraged and their involvement in the day to day running of their service was apparent. During an annual review a social worker described how one person had made progress in gaining independence after moving to Nutley Hall due to the fact that they were happy and felt safe and secure. The

person told the review meeting, "I'm not shy anymore" and it was recorded how some behaviours had reduced meaning that the person was able to take an active role in maintaining their home. One relative told us, "Staff encourage X to walk between buildings and to activities on his own, and that is amazing. They encourage decision making and I find that immensely gratifying and in the time he's been there he's progressed and so have we." People with profound learning disabilities were encouraged to learn new skills and to take an active role in the Nutley Hall community. One member of staff speaking about a person with high support needs told us, "We used to drive the food with a car from the main house but we have a hand cart and it is now their job to bring the food. It works very well and it is a nice step forward for them." Care plans repeated the message that people who needed time to complete tasks should be that given time and allowed to complete tasks for themselves. A typical comment from a care plan was, 'I need help to take care of myself but I am learning to do things more independently so please encourage me to do so.' The care plan went on to describe the ways in which the person could be encouraged to make small steps to greater independence. Another person's care plan stated, 'After breakfast and lunch I always help with the rinsing of the dishes and I can also put the dirty dishes on a trolley after meals.' This meant that people were being encouraged to take part in the daily running of their own home.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. We saw that during annual reviews and care plan reviews people were consulted and their opinion was listened to. One staff member told us, "Decisions are made with people. It can be something small like whether people want to wear perfume or aftershave after personal care. People wouldn't have their hair in a certain way because staff felt like it on that day!" We reviewed care plans and saw that where people could they had signed their care plans. Where people lacked the ability to have direct input to their care plans, opinion had been consulted widely from the staff team in order to capture the person's wishes and preferences. One relative told us, "X knows his own mind and what he likes and what he wants to do and if he doesn't want to do something he won't do it. In terms of expressing himself, he's always joking with the staff and they take it in their stride."

People's privacy and dignity was respected by staff. The Rudolph Steiner philosophy underpinning care delivery at Nutley Hall ensured that all staff respected each person as an individual and gave them the space and privacy they required to maintain their dignity. We observed that staff members routinely knocked on people's doors before entering and that people were confident to tell staff members they didn't want to see them, and staff respected this. One relative told us, "One of the things the place thrives on is respect and respect for people with learning disability. That's why it works so well and people are treated with respect."

## Is the service responsive?

### Our findings

People were receiving a person centred service. One person told us, "I'm going to weave baskets today and then do sewing. I have free time on Sunday and I like to watch a film in my room." Another person told us, "I like fiddling around in the woodland group and I saw the wood to wheelbarrow length and it can be worked on or used as fire wood." One relative told us, "[the service] is personalised for everyone and they all have different needs. One boy is very autistic and has very different needs to my son and they are treated accordingly differently." Another relative commented, "They meet X's individual needs and it's the only way to make progress. All three lads [in the home] have different needs and they meet them."

The registered manager explained that the Rudolph Steiner philosophy underpinning care and support at Nutley Hall means that staff have a holistic view of people and focus in the potential each person. Work was described as meaningful which meant that people were producing things in workshops. In order to achieve meaningful engagement people were encouraged to take ownership of their home and be actively involved in cooking, cleaning, managing the woodland nearby and organising their homes. The registered manager explained, "There is also an educational level and people are reading, writing, horse riding, and there is a real emphasis on art so people are singing and dancing. We have artists, therapists and craft masters."

People had a range of meaningful activities they could be involved in as part of their community. People were able to choose what activities they took part in and suggest other activities they would like to complete. Activities ranged from baking; woodwork; drama; weaving; candle making; making cosmetics; gardening; keeping animals; bee keeping; eurythmy (a form of movement therapy) and a woodland group that managed the surrounding forest area. There was a classroom on site for educational courses. The registered manager told us, "We have a qualified teacher attend to do reading and writing classes." The hall was used for other activities: two people told us how much they had enjoyed a trumpet concert in the communal hall the day before our inspection.

We observed different activities over the two days of our inspection. In the bakery people were working independently and the baker was enthusiastic about the work. He told us, "It is important people feel confident where they work and feel happy." People had just finished making Granola and were adding raisins and mixing it before measuring it out into bags for sale and filling up each house Granola boxes. People were working in the shop checking stock. One person was packing bread to put on shelves and to distribute to the community. In another activity people infused petals in essential oils for cosmetic products. People were picking the petals independently. The member of staff running the activity told us, "This is a smaller group because I may need to step behind X quickly if she was to have a seizure." We noted that there were numbers to call on the wall for assistance in the event of the seizure. In the candle making room one person was preparing wicks for candles and another person was putting labels on candles. There were a range of crafts to suit different abilities and sensory needs. The craft master told us, "Some people have a more limited ability so we use felting. We have a basket of wool and soak it and make round balls and then make caterpillars and necklaces: it is a nice material to touch." There were examples of objects people had made on display in the craft room. The atmosphere was calm and relaxed and people told us they liked doing the craft work. We were shown beeswax candles that were used for different festivals and decorated

by people. The craft master commented, "People decorate candles for different festivals, such as Easter or Christmas, and the houses use them. That way people contribute and are part of the festival."

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Each care plan contained a brief biography section to explain key details of people's lives that each person wanted to share with staff, such as where their families originated from or where they attended school. Personal profiles were written in the first person and amiably reflected each person's characteristics. For example one person's profile stated, 'I am rather small and my hair is now grey and I have brown eyes with lots of warmth in them...I like to know what's happening around me. I like listening to harmonious music and I like peace and quiet too.' Care plans also contained detailed information about people's preferences around food and drink. One care plan stated, 'X does not like pizza, jacket potatoes, cheese, aubergine and pears. X also does not like hot drinks and his food needs to be cooled before he eats. X likes plain food, like rice, pasta and a sauce (with veg). His favourite meat is meatballs. He does not like food mixed like salads. X eats a lot of fruit especially apples, oranges and grapes. He has fruit after each meal. He may need support cutting his food.' This level of detail was typical of the care plans we reviewed and showed that staff and managers knew people well. Similar detailed descriptions were also given for other areas such as personal care and activities.

Some people at Nutley Hall had behaviours that may challenge. Staff members used individualised care plans to help people manage their feelings and any behaviours that may arise from their anxieties. Positive behaviour support plans were organised in to sections: 'maintaining happy and relaxed mood' contained important information for staff such as keeping someone's routine as this was very important to them. It explained how the person lived their life through their routines and how to communicate clearly if there was a change in the person's timetable or a change in staffing. Things to avoid, such as never telling the person that holidays were approaching, were mentioned as a root cause of anxiety. Other sections in the positive behaviour support plan included: indications of relaxed mood; preventing escalation; indications of becoming anxious; support strategies how to manage challenging behaviours and how to return to calm and happiness. Each section had personalised and detailed information on how to manage each stage of a person's emotional state whilst keeping them and others safe.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service recorded all complaints in a complaints log and these had been followed up in line with the registered provider's complaints policy. The complaint policy had been updated in July 2016 and set out a clear procedure for dealing with complaints and what action would be taken if a complainant was not satisfied with the first tier resolution. We reviewed a sample of complaints and found that the registered manager had ensured that learning was put in place from any shortfalls in service and issues were resolved. For example, one complaint was from a person who did not want to work in the garden when the weather was wet and cold. The registered manager and the person had reviewed their activities timetable together before meeting with staff. An alternative 'cold weather' timetable was put in place and the person had confirmed they were happy with the outcome. Another complaint was from a person about where they were sat at the dining table. A resolution was discussed with the person and staff from the home and a follow up meeting, a month after the initial complaint, confirmed that the person was happy with the new seating arrangements.

## Is the service well-led?

### Our findings

People, relatives and staff spoke about the registered manager in positive terms. One person told us, "I know the manager. I know who it is: [name] is nice to me." One relative told us, "The manager has been exemplary with us and we regularly speak with them. They send us cards and rugs our son has worked on and we are on first name terms [with the registered manager]." Another relative commented, "I know it is in the hands of [registered manager] and he used to run the service our son lived in and he strikes me as an intelligent and capable young man." Staff members spoke highly of the registered manager. One staff member told us, "[Registered manager] has a gentle way of leading the community. I have a very high regard for him and he has a high ethos particularly around the care of the residents." Another staff member commented, "It's very good that there's a lot of interaction between staff and the manager, so he knows if someone is ill or if a resident is agitated. He's always open to a knock on the door so I can ask if I don't know how to deal with something." A house co-ordinator told us, "We have house co-ordinator meetings, workshop meetings and residents meetings and [registered manager] is involved in all of them." Despite these positive comments we found some areas of practice that required improvement.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. However, they had not consistently notified us of events that had occurred within the service so that we could have awareness and oversight of these to ensure that appropriate actions had been taken. We found two incidents that had not been referred appropriately to the local authority safeguarding adults team. One incident detailed how a person made an allegation that they had been slapped by a staff member. This had been reported to the registered manager and an internal investigation had been conducted and a report produced that could not substantiate the claim but offered re-training for the member of staff in question. Another incident detailed how one person had not received their prescribed medicines one evening. We showed these incidents to the registered manager and were told that the failure to report either of these incidents to the local authority safeguarding adults team or the CQC had been due to an error. By the end of our inspection the registered manager had made the referrals and had reviewed the recording procedure so that there was now a check that incidents had been referred appropriately.

We recommend the registered manager reviews the procedure for notifying CQC of events.

The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The locality manager confirmed that no incidents had met the threshold for Duty of Candour.

The registered manager provided effective leadership to the service and described how they saw their role as a vocation and not a job. The registered manager commented, "I feel deep responsibility for what happens here. I try to lead by example through my approach to others and work ethic." The registered manager explained that they worked 'in circles' for example when there is a meeting with house co-ordinators everyone sits in a circle so nobody's value is elevated or decreased. The circular meetings were used as a tool to ensure that all people were encouraged to contribute. The registered manager told us, "We

have a very talented and loving staff team. The day to day things like beekeeping, people take responsibility for. In the morning circle everyone can bring something, so 'X' extinguishes the candle which is great for him. My role is to identify people's potential, not just for staff but for residents." The registered manager had ensured that staff were receiving regular supervision and appraisal which meant that staff members had a structured relationship with their own line manager and the registered manager was accountable for ensuring staff met regularly with their line manager and leadership was delegated effectively throughout the site.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Professionals and relatives were encouraged to visit at any time. One relative told us, "The word I would use is exemplary and it should be held up as an example of how care should be done. They've got it down to pat. The place is beautiful and set in grounds that allow people the chance to expand their lives." Another relative commented, "It is a Rudolph Steiner place and for me it is very reassuring as I know the respect will always be there and it works as a community and I think it works well." Nutley Hall was organised as a community with morning meetings every day, gardens and kitchens providing food for all homes within the grounds and people working in workshops to produce items, such as candles and bread, for the benefit of the whole community. Different staff members all referred to each other as co-workers, regardless of their official job title and there was active socialising between different homes. For example one home was showing a film one evening and invited another home over to watch the film and share supper. There were opportunities to socialise and forge a community spirit during the many and varied day activities and evening activities and people's free time on a Saturday afternoon or Sunday was utilised as a way of sharing leisure activities with people with similar interests to aid socialisation.

People at Nutley Hall were encouraged to celebrate different cultural and religious festivals to enrich their life experience. One relative told us, "They [Nutley Hall] have the rhythm of yearly festivals and it gives people a pattern for their lives and gives people security. 'X' can't read a calendar but he knows where he is in the year by what festivals are going on." People were directly involved in the many festivals as they prepared special items in their craft groups for use in individual homes within Nutley Hall, such as special breads or biscuits to be consumed in the homes leading up to and during the actual festivals. In the craft room there was a tree made of felt that was decorated with different colour leaves and decorations for different times of the year and people told us they liked using this tree. The registered manager explained the different celebrations that were used every year as regular markers for people. The Nutley Hall calendar begins with a Michaelmas day festival which was a harvest celebration where food was taken from the gardens and a meal was made and everyone had lunch together. A Christmas festival was held and every night people would meet under the main Christmas tree to sing and socialise. Nutley Hall holds a carnival celebration for Shrove Tuesday and for the ascension festival everyone goes for a walk in the hills and has a meringue and cream desert afterwards, which is a much loved Nutley Hall tradition. The registered manager explained that for the Whitsun festival a verse is read out in all of the different languages spoken that year at Nutley Hall, "Last year there were 13 languages spoken by staff and residents". Speaking about the different festivals and celebrations the registered manager told us, "The Christmas play is the highlight of the resident's year. We celebrate Christian festivals but you can be any or no religion."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. There were a range of audits used by the registered manager to ensure that the quality of service delivered by staff was to the correct standard. A personal file audit had last been completed in May 2017 which checked care plans were up to date and relevant to people's needs. This audit had been followed up by spot checks to the individual homes. Other audits had been completed by the registered manager and had led to changes being implemented. For example, the registered manager had noticed that the storage of food in individual homes' kitchens had become, "lax" and as a result the registered manager targeted

each service with fridge audits until the standard improved. During our inspection we noted that food was correctly stored in fridges. As part of their responsibility under monitoring quality of service the registered manager had sent out a 'resident's survey' in winter 2016 with the results collated in February 2017. The feedback was very positive with comments such as, 'Jolly, jolly nice home' and 'I like my room it's nice and clean and I've got my own things in it.' There were actions from the survey. Two people had made complaints about their rooms: one about decoration and one about the location. As a result the re-decoration work had been included on the maintenance list and scheduled for summer 2017 and the person unhappy with their location had been offered a new room.