

Guyatt House Care Ltd

# Guyatt House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Guyatt House is registered to provide accommodation and non-nursing care for up to nine people. There were nine people with a learning disability living in the home at the time of the inspection. Each person had their own bedroom in the house. There was a communal kitchen, dining room/ lounge for people and their visitors to use.

This unannounced inspection took place on 30 March 2016.

At the time of the inspection there was a registered manager in place. 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.

People told us that they liked living at Guyatt House and very much saw it as their home. They were involved in making decisions about all aspects of their lives. People spoke fondly of the staff at Guyatt House and especially of their keyworkers. Relatives of people spoke highly of the care and support their family members received. Healthcare professionals involved with the people living at Guyatt House all felt that the home was well managed, had a good staff team and continuously strived for improvement. The service provided excellent and innovative care and supported people to enable them to live fulfilled and meaningful lives in a way they wanted.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People felt safe and relatives said that they had no concerns about the arrangements that were in place to keep people safe. Staff built good relationships with people that enabled them to report any concerns to their own safety. Staff were skilled at ensuring that people did not have their choices restricted due to the effective management of assessed risks. Staff had an understanding of how to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The service responded flexibly to ensure suitable staffing arrangements were available at all times. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the home. People living at the home were thoroughly involved in the recruitment procedures, with only the most appropriate staff being selected for a job.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

The vision and values of the staff team were person-centred and made sure people were at the heart of the service. They looked at innovative ways of including people in planning their care, gaining their views and in choosing activities.□

Comprehensive care plans were in place detailing how people wished to be supported and had been produced jointly with people using the service. People had agreed what care and support they needed and were fully involved in making decisions about their support. People were able to choose how they spent their time and what activities they participated with. People participated in a range of activities within the home or in the community and received the support they needed to help them to do this. Some people had been supported to find employment.

People helped to choose, shop for and prepare food and drink that they enjoyed. People were offered advice and support to maintain a healthy and balanced diet.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible by everyone.

People had confidence in the registered manager and the way the service was run. There were many opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on.

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

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was very safe.

Staff were aware of the procedures to follow to keep people safe.

Comprehensive risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible.

Recruitment practices were in place and focussed on ensuring that only the right staff, that could meet the needs of the people that used the service, were employed.

### Is the service effective?

Good 

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff used innovative ways to ensure people were involved in decision making. Capacity assessments, best interest decisions and DoLS applications were completed as appropriate.

People were supported to access the appropriate health care professionals as needed.

People were involved in the purchasing and preparation of food and drink they enjoyed. People were supported to maintain a balanced diet.

### Is the service caring?

Outstanding 

The service was very caring.

The care provided was based on people's individual needs and choices.

People valued their relationships with the staff team.

People's rights to privacy and dignity were valued

### Is the service responsive?

Good ●

The service was responsive.

People had been involved in writing their care plans. Staff had an excellent understanding of people's social and support needs and what they valued and helped them to achieve their goals.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place in suitable formats.

### Is the service well-led?

Good ●

The service was well-led.

People, their relatives, health professionals and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

People benefitted from a person centred service, which actively sought their views and promoted individual well-being, inclusion and openness. The vision and values of the service were consistently demonstrated by staff in their interactions with people.

# Guyatt House

## **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 30 March 2016 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During our inspection we spoke with seven people who lived at Guyatt House and three relatives. We also talked with the registered manager, one team leader and one support worker. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

# Is the service safe?

## Our findings

All of the people we talked with told us that they felt safe living at Guyatt House. One person told us, "I feel very safe here." Another person told us, "I feel safe here as I have my own space (their bedroom)." Another person stated, "I feel quite a bit safe really." One person said, "I feel safe in my own big bedroom." Another person told us, "My keyworker tells me how to stay safe." One person's relative stated, "My son is absolutely safe there, we think it's a fantastic place." The GP told us, "I have no concerns with regard to the safety of the residents (people living at Guyatt House). The staff appear aware of safeguarding issues and how to proceed in the event of concerns." Another healthcare professional stated, "I feel that staff work to keep people safe and safeguarding informs practice." Another healthcare professional said, "I do feel that the people within Guyatt House are supported to remain safe."

The provider stated in their PIR that they ensured the service was safe by informing people about, "Their human and service rights in a format that they understand and is appropriate to their needs." We saw that the information had been provided in pictorial format and staff had taken time to discuss their rights with each person so that they understood them. Staff told us that they regularly reminded of their rights during residents meetings so that that they were aware of how they should be treated and what they should do if they felt that they were not being treated well, or if they felt that their rights were not being promoted. Scenarios were also discussed with people at "residents' meetings" each month so that they could discuss what they could do if they thought they had been harmed in any way or were at risk of being harmed. The minutes for recent residents' meetings showed that they had discussed what abuse was and how they could keep safe. One member of care staff told us, "We try to build a trusting relationship so if people had any problems or concerns they would come to us and tell us." One person told us, "If anyone hurt me I would talk to the staff about it."

People were supported by a staff group that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns. Staff told us and records we saw showed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm and told us that the registered manager actively encouraged them to raise any concerns so that the appropriate action could be taken. Staff were exceptional in the fact they encouraged and enabled people using the service to be aware of what constituted harm and what they should do if they felt that they were being harmed in any way. Safeguarding was a regularly discussed with people using the service during residents meetings. Safeguarding procedures had been discussed during supervisions and staff meetings to ensure that everybody was aware of the correct procedures to follow. This meant that staff helped to reduce the risk of people being harmed and were aware of the procedures to follow if they had any concerns.

Staff were exceptional in enabling people to achieve a fulfilling life, by assessing any risks, while keeping them safe. People were encouraged to take positive risks. One person's support plan explained in words and pictures that, "Risks are something you have to think about. You have to think about the dangers involved in taking the risk and how you can make the risk smaller." Risks to people had been assessed and innovative actions had been taken to reduce risks whilst still minimising the restrictions placed on them. For example,

one person had expressed that they would like to travel on public transport on their own. The risks had been discussed with them as part of the risk assessment and procedures put in place to minimise the risk. This included at first staff travelled the journey with the person until they were familiar with it. They also purchased a "talking photo album" so that the person had visual and audio prompts that they could refer to whilst taking the journey. This was also used to inform the bus driver where the person would like to stop. The person also carried an emergency card with contact details for Guyatt House in case it was needed. Staff informed us that without the risk assessment and the 'talking photo album' being in place, the person would not have been able to have made this journey on their own. Staff told us that when someone expressed to do something that placed them at risk, "We just try to find a way to reduce the risk." People were involved in the risk assessment procedure and we saw that risk assessment was provided in a suitable format so that people could understand it.

Staff recorded all accidents and incidents and these were analysed by the registered manager. Any patterns or trends were identified. This would ensure any learning was identified and adjustments were made to the care and support people received. This reduced the risk of an incident occurring again.

The registered manager was creative in the way that he involved people in reducing risks to their health and safety. For example, people living in the home had been given the responsibility of carrying out regular health and safety checks with the support from staff. For example, the fire audit had been provided in a pictorial form so that people could carry out their own assessment on the fire risk and report any concerns to the registered manager. One part of the audit contained pictures of checking the fire doors for obstructions. The picture of the fire door had also been attached the fire doors so that people knew where they were. Health and safety issues were also discussed at the "residents' meetings." For example, one person told us how they had been instructed to use the fan in the bathroom so that any condensation was removed to prevent problems.

There was enough staff to keep people safe, meet their needs and provide a personalised person centred approach to people's care and support. Staff had time to sit and talk to people and engage them in activities in the house and community. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at Guyatt House. If special events or trips out were organised then staffing levels were increased to enable everyone to participate if they wished to. During times of staff absence the hours were covered by other members of the staff team or relief staff. Relief staff were required to complete the same training, supervisions and appraisals as permanent staff. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

The PIR confirmed that equipment used in the home had been regularly tested. A 'disaster' plan was in place to be used in the event of an emergency or untoward event.

There were effective recruitment practices in place and the registered manager worked hard to ensure that staff with the right skills, attitude and values were employed at the service. The registered manager stated that when recruiting new staff an essential part of the process was finding out about their values. For example, checking if prospective staff showed empathy, transparency and kindness and finding out what they could add to the existing team. Prospective new staff had to complete an application form and face to face interview. People who lived at Guyatt House had also been involved in the interview process and had asked the candidates questions that were important to them. If the candidate was successful during their interview they were also invited to spend time with people so the registered manager could observe how they interacted with people. People were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and



satisfactory employment and personal references were obtained before they started work.

Staff told us and records confirmed that they had completed administration of medication training. The registered manager stated and staff confirmed that all staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medicines. The medicines were stored securely. Protocols for medicines that were administered on a "when required" basis were clear and were only administered when necessary. The records of medicines administered were accurate and showed that people were receiving their medicines as prescribed. We observed staff administering medicines to two people. The staff member checked with the person that they knew what they were taking and were happy to take it before administering it. The appropriate records were then signed. This meant that people received their medicines as prescribed.

## Is the service effective?

### Our findings

One person told us, "I like living here because it's a special house with lovely staff." Another person told us, "Staff are good." One relative told us, "My daughter is much happier there (than her previous home). The staff are well trained, we drive away and we have no concerns or worries about her care and support at all."

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).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. The registered manager stated that they used different ways of explaining decisions to people. For example, they used scenarios or pictures so that people could understand the decision they needed to make. When needed DoLS applications had been submitted. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

People received support from staff that had received thorough and effective training which enabled them to understand the specific needs of the people they were supporting. Staff received a detailed induction. This induction had included a period of new staff shadowing experienced support workers to ensure that they were competent and confident before supporting people. Staff new to the care field completed the Care Certificate (this is a nationally recognised qualification). Support workers had undergone training in areas such as safeguarding, health and safety, quality and inclusion, person centred support, duty of care, communicating effectively and first aid. Staff told us that the training programme equipped them for their roles. The training record showed that most staff were either up to date with their training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. One member of staff said the registered manager was, "Incredibly supportive." Staff had confidence in the registered manager and were happy with the level of support and supervision they received

People were supported to maintain a healthy diet. One person said, "We can choose what we have to eat, the food is good." Another person told us, "The food is good, we have nice dinners." Another person stated, "The meals are quite nice. I really like hot dinners." People's care plans were individualised to record the

support each person required with mealtimes, and where necessary additional support had been obtained from appropriate professionals. Staff had obtained the advice from health care professionals for one person who suffered with an eating disorder. The person was supported with positive recognition ( a small reward of their choosing) and helped to assess how they felt before, during and after any episode. This had worked well for the person and enabled them to be more aware of their behaviour and how further episodes could be avoided. People were encouraged to eat a balanced diet and when they had expressed a wish to lose weight they were given the information and advice they needed to do this. One person had said that they had wanted to make chutney that everyone could try. They were supported to purchase the seeds and equipment needed to grow the vegetables and then when ready make the chutney.

The weekly menu was displayed in picture format so that people knew what was on the menu. If people did not like the options then they could choose something else. People took it in turns to help prepare and cook the main meals. People also told us that they enjoyed preparing their own packed lunches with the support of the staff. The menu choices had been discussed at the residents' meetings and we saw evidence that suggestions had been acted on. People's weight was monitored regularly to assess if they needed any support in this area.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP and other healthcare professionals. The GP stated "The staff have never given me any concerns that my advice is unheeded. I have never had any concerns with regard to people getting access to nutrition/food/drink. The staff contact me appropriately and they interact and talk with the people in an appropriate way." One person told us, "If I'm poorly I see the doctor, he is nice." The registered manager stated that he carried out monthly audits of medical appointments to ensure that everyone was having access to health care professionals when needed. This also helped to identify any trends or patterns of illness or issues that could need action to be taken.

## Is the service caring?

### Our findings

All of the people that we talked to told us they liked living at Guyatt House. One person told us, "I like my home and I am very happy. Staff would help me if I needed it and are very kind to me. I like everything about Guyatt House, staff listen and we have resident meetings. I would talk to [name of the manager] if I was unhappy but I am very happy here." Another person told us, "It's nice living here. They're [the staff] are kind to me. I like my keyworker, she helps me out. I like talking to staff in the evenings." Another person said, "I like living here, I like the people. Staff are very kind, I get to make choices." One person said, "The best thing about living here is it's my house." Another person told us, "Staff are funny, they make me laugh. They like what I like."

Relatives were very positive about the care and support their family members received from the staff. One relative stated, "It's a lovely home and we are very happy with everything. Staff treat my daughter with respect and dignity and the team are great." Another relative told us, "We are really pleased to have found a great place for my daughter."

The GP stated, "Guyatt House provides what I consider to be a very good level of care to its residents. They are treated as individual adults and I have never had any concerns. They genuinely seem caring and compassionate." Another healthcare professional stated, "In my view staff seem caring and compassionate in the way they provide people's care."

People were encouraged to be as independent as possible. We observed staff talking with one person who was getting ready to go to work. The staff member, who was supporting them, reassured them that they would pick them up at the end of their shift. They checked that they had a card in their pocket for reassurance. The card stated, "I do not need to worry, they will not forget me." The staff member explained that if the person was worried whilst they were work they could look at the card and it gave them the reassurance they needed to enable them to carry on working.

People told us that they all shared responsibility for household tasks. Each person was clear about what they were responsible for doing. One person told us, "My job is drying up the dishes, I enjoy it." Another person told us, "I like helping with the cleaning." One relative told us, "The [registered] manager is great at promoting independence and they listen to us as parents. We feel it's really inclusive. It's great."

All staff were committed to ensuring that people living in the home were enabled to lead fulfilling lives. People were treated as individuals and staff enabled them be as independent as they could be. Staff were passionate about the people who lived in the home and wanted to ensure that they received the best care that they could. They were continually striving to ensure that they promoted best practice and during their staff meetings discussed ways of working with people to empower them to lead full and rewarding lives.

Staff had worked hard to establish the most effective and innovative way of communicating with each individual living at Guyatt House. This had supported people to maintain relationships with people outside of the home. For example, the staff had found that one person understood documents, such as care plans,

best by looking at pictures. A board was displayed showing the photographs of which staff would be working throughout the day. They also had a board in their bedroom which showed in photographs or pictures what the person had planned for that day. This was then broken down into smaller steps such as what clothes they needed to put on and in what order. This system had then been used for the same person when they wanted to contact their family members. With staff support they planned out what they would like to say in pictures before making this call. This was then used as a visual prompt so that they could hold a conversation with the person they were calling. Another person was using a hand held electronic tablet to support their communication. Their care plan had been downloaded to it and they regularly enjoyed looking through it. Another person had expressed that they would like to be able manage their banking without staff support. To enable them to do this they carried cards to show the bank staff. The cards advised the bank staff what they would like. For example, if they wanted to withdraw some money from their bank account the card would show how much.

Arrangements were in place to make sure that people were involved in making decisions and planning their own care and support. People had chosen which member of staff they would like to be their keyworker. (A keyworker is a member of staff who had extra responsibilities such as helping someone to write their care plan.) One care plan we looked at had been partly hand written by the person it was about and other areas had been typed by their keyworker. It stated, "I worked with [name] my keyworker on my care plan. We worked on it over a period of time. Some things I have asked [name of keyworker] to type and others I have written myself." In some areas that had been typed, the person had added comments such as which staff they wanted to be supported by. One person told us, "They [staff] talk to me about things. I can make choices." Another person told us, "Staff always ask before they do things. I like it when [name of registered manager] is coming. He's a nice chap. He talks to me about how I'm feeling and the things in my head."

We saw that people experienced comfortable and reassuring relationships with staff working in the home. People also indicated that they were happy by displaying relaxed body language and happy facial expressions whilst interacting with staff and moving around the home. Staff were very knowledgeable about people living at Guyatt House. They told us about their history before living at Guyatt House, what they enjoyed doing and what their goals were. They also told us how they were helping people to achieve their goals. One member of staff told us they helped people to try new experiences to see if they enjoyed it. The staff member stated, "We plant the seeds [ideas and experiences] and see which ones grow." They also told us, "We try to make everything person centred." Another member of staff said, "This is their home, they don't do what we want them to do, we do what they want to do."

One member of staff told us that all of the staff tried to be creative in overcoming any obstacles that people might face. For example, one person liked to be responsible for their own money but became anxious when they did not know what it was to spent on. So that the person could still look after their own money it was separated in to smaller amounts with an explanation of what each amount was for. This meant that the person could still be responsible for their own money but without become distressed about it.

Staff had put procedures in place to help people when they became distressed. For example, one person sometimes became anxious and upset. To support them when they were feeling like this staff had provided a sensory box that included items to help them deal with the feelings. The box included creams, aromatic sprays, music and a blanket to wrap themselves up in when they needed to use them for comfort. Another person became distressed if they did not know exactly what their routine would be for the day. At the start of each day a member of staff sat down with the person and helped them to write what they had planned for the day. The person could then refer to this throughout the day so that they knew what was happening next.

This helped to prevent them from feeling anxious or stressed.

People confirmed that their privacy was respected. One person said to us, "I've got a key for my own bedroom. Staff ask to go in." Another person told us, "Staff knock on my door." Staff told us that if they helped anyone with personal care they always ensured this was carried out in private.

People had been supported to find advocacy services when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People told us that they received the care and support they required in the way they preferred. For example, one person told us, "I like my keyworker, she helps me out. She's helping me to walk to the [name of local shop] on my own, it makes me feel happy. She tells me how to stay safe." They also told us, "At the resident's meeting we can decide where we like to go. I like going to the pub and karaoke but I don't like swimming so I don't have to go." Another person told us, "I do colouring in my own room. I like having my own space." One person said, "I talk to my keyworker about my care plan. My keyworker helps me to clean my bedroom."

A relative told us, "They support [their family member] so well. They go over and above their responsibilities and it's a person centred approach at Guyatt House. We cannot sing their praises enough."

The registered manager stated in the PIR that they trained staff to fully involve people in the care planning process and audits ensured this happened. This was evidenced by what people told us and the records we looked at. The care plans were written by the person or with them. They were involved as much as they would like to be and it was for their benefit rather than just being a record for staff. One person told us, "I told [name of staff member] what I wanted in the care plan."

People received consistent care and support. The support and care people needed was determined through discussion with the person and their keyworker. This was then written in a care plan either by the keyworker, the person or jointly. The keyworker met with the person each month and discussed the care plan with them to see if any changes needed to be made. Care plans included detailed information about how each person communicated including body language.

People told us they had been involved in setting goals for themselves. This allowed confidence and trust to be developed to ensure that information could be shared freely and staff had current information. For example, one person had experienced deterioration in their mental and physical health which had affected their mobility. The staff had worked with the person and the relevant healthcare professional to write a support plan for staff to follow. Equipment had been provided to give the person confidence when moving around the home and outside. The support plan stated "[Name] is to take the lead on all of their activities. They are not to be pushed to do anything they do not feel comfortable with. Staff are to give [name] plenty of positive reinforcement when they have achieved something." The person had signed to say they had agreed with it. The staff had followed the plan and the person's health had improved so they were able to walk without any aids inside and outside of the home again.

People trusted staff to understand and support them to meet their values and beliefs. People felt comfortable and confident to disclose sensitive information about themselves and staff supported people to obtain external support, if they needed to. People were in control of the support they received. For example, one person had talked to a female member of staff about a health issue and requested that it was not shared with the male staff. The request was respected and only female staff were informed. Staff took time to explain decisions to people in the terms that they understood and could relate to. For example, one person had refused an annual health check. Staff explained what the health check would involve and that

because of the medication they were prescribed they needed the check and what the consequences might be. Staff took time to discuss the things the person liked doing and explained that if they became unwell then they may not be able to do those things. They explained that if any issues could be identified at the health check then the appropriate action could be taken. They also obtained some local anaesthetic cream from the GP so that they could practice applying it and could see that the blood test would not be painful. The person agreed to have the annual health check.

Staff were innovative in supporting people with how they were feeling. For example, one person used a traffic light system to describe to staff how they were feeling. If they were feeling unsettled or upset they would say they felt "orange". Staff then would talk it through with the person and discuss what they could do to get back to feeling better and "green". This way of assessing how they were feeling had helped them manage their behaviour and feelings.

Staff helped people to plan and co-ordinate activities according to their interests. People had been supported to find voluntary employment. One person's care plan included information about their voluntary work. The person had written "I'm very much a part of the team...and really enjoy being there." People attended a variety of daily activities in the community. People told us that they enjoyed going to the local pubs and clubs and made friends there. Weekend trips out were also organised and people had discussed at residents' meetings where they would like to go. One person told us, "We get to do whatever we want to do." One person told us about the drama group that they enjoyed attending at weekends. The registered manager had been able to obtain funding so that people could afford to attend.

People were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I wanted to complain I would talk to [name of staff member] and there is a number written down I can call." Everyone told us they would talk to staff if they were not happy with something. They also told us that staff regularly asked them if they were happy or would like anything to be done differently. A complaints procedure was displayed in the home, it was available in picture format and had been discussed at the 'Residents' meetings.' Staff were aware of the procedures to follow if anyone raised any concerns with them. No complaints had been received in the previous 12 months.



## Is the service well-led?

### Our findings

One person stated, "[name of registered manager] ask if I'm happy." One person said, "If I was worried I would talk to [registered manager's name]."

People's relatives were very complimentary about the service. One relative said, "I feel that the staff work great as a team and the [registered] manager is lovely." Another relative told us, "It's a well-managed home and the staff are lovely. We are very happy

A local GP with the primary responsibility for people at Guyatt house for the last 19 years stated, "The management have been easily contactable when I need them. They always try to provide the best service they can." A healthcare professional told us, "The service seems well led and staff seem well supported by the management. The [registered] manager is always available and easy to contact."

The registered manager strived for excellence by encouraging the staff to try out new ideas and different ways of supporting people. One member of staff told us, "[The manager's] knowledge is amazing. He always encourages us to use all the different resources such as the learning disability partnership or assistive technology." The registered manager demonstrated their passion for the service by encouraging staff to seek ways of continuously improving the lifestyle and well-being of people who lived at Guyatt House. To improve staff knowledge and support they were planning on recruiting in-house trainers rather than using e-learning. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people. The management team worked alongside staff, supporting and guiding them. Staff understood their role, and what the management team expectations of them were. They were enthusiastic, motivated and had confidence in the management team.

The registered manager promoted a supportive service at Guyatt House which was open and caring and completely person centred which meant placing people at the centre of everything that happened at the home. The registered manager stated that Guyatt house was the people's home and staff must respect that and involve them in every part of the home life. For example, at a recent residents' meeting people had been encouraged to answer the phone when it rang rather than staff answering it. We saw that visual prompts had been provided next to the phone to give people confidence, and so that they knew what to say. During the inspection we saw this happening. People who lived at the service, their relatives and support workers were actively encouraged to be involved in developing the service. Residents' meetings were held weekly. One person told us they enjoyed the meetings and talked about, "what we want to eat and where we want to go." We looked at the minutes from the most recent meeting. The agenda included; what people should expect from their keyworker, positive risk taking, keeping safe in the home, feedback about the meeting and what was abuse and how to avoid it.

Guyatt House was described by the people as their home and everything that support workers did was to facilitate people's needs and promote their wellbeing. These values were reinforced through support worker interviews, supervisions and appraisals and team meetings. Staff confirmed that regular team meetings were held and they could add items to the agenda to be discussed. Staff we spoke with recognised and

acknowledged the values of the service. This also included knowing the standards of care that were required from them. Staff told us that teamwork was really important and there was good communication between the team as they worked closely together. Staff told us that their input to the service was recognised, valued and rewarded. One member of staff told us how they had suggested using electronic tablets with two people to assist them to communicate. This had been done and had worked well with the people involved. For example, one person who had not been interested in looking at the paper copy of their care plan now enjoyed looking at it on their tablet. The registered manager had acknowledged staff strengths and given them extra responsibilities in those areas.

The registered manager stated, "We train staff according to the needs of the people living at Guyatt House." The registered manager had a staff training matrix in place so it was easy to identify which staff had completed their training and if any were due refresher training.

The registered manager told us they had a "Policy of the month". The chosen policy had been given to staff and displayed in the office. This had then discussed at the staff meeting regarding how it affected the people living at Guyatt House. The fundamental parts of the policy had then been discussed at the residents' meeting. This was done both verbally and using symbols. For example, the advocacy policy had recently been the policy of the month. At the residents' meeting they had discussed what an advocate was and how to contact one. Information had also been provided about a local advocate group.

The registered manager had used an exceptional and detailed system to check the quality of the service being provided. They had based the system on the same key areas that the Care Quality Commission (CQC) monitors during inspections. The home's policy and procedures were reviewed to see how they related and supported each area. Staff, people and their relatives were then given a short survey about the effectiveness of the service in that area. For example, they checked to see if people were supported to make their own decisions. All of this information was analysed to see if any improvements can be made. The registered manager stated that a mock inspection of that area was also carried out to "check compliance, but also to add information and ideas into the continuous improvement process." The registered manager also carried out monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety, incidents and accidents and people's care plans. People living at Guyatt House also carried out health and safety audits. The registered manager took action where improvements were identified.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.