

Sanctuary Home Care Limited

Shaftesbury Place

Inspection report

52 Marsland Road
Gloucester
GL51 0JA

Tel: 01242227818

Date of inspection visit:
16 December 2015
17 December 2015
18 December 2015

Date of publication:
07 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16, 17 and 18 December 2015 and was unannounced. At the last inspection of the service in 2013 the service had been fully compliant with the regulations assessed at the time.

Shaftesbury Place is a care home which provides accommodation and care to those predominantly with a physical disability. Some people also live with a learning disability and mental health needs. The home can provide care to 19 people and at the time of the inspection 19 people were living at Shaftesbury Place.

The service had a permanent manager in position who had worked with people with the above needs for many years. They had been registered by the Care Quality Commission as the registered manager of the service in 2014. 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.

Staff were exceptionally committed to ensuring people's needs were responded to and that their wishes and preferences were met. They achieved this not only in relation to people's care needs but when life itself produced upset and sadness for people. They did this by working extremely flexibly as a team and by staff being "exceptionally willing", as one member of staff put it, to achieve excellent outcomes for people. The staff really cared for those they looked after and they provided caring and compassionate care very effectively. People were kept safe at all times and there were enough staff with the right knowledge and level of skill to respond to people's ever changing needs. People's care was delivered with their consent and where they were unable to give this they were protected under the Mental Capacity Act (2005). All of this was also achieved by the registered manager and provider fully supporting their staff to be able to improve their practices and knowledge. They valued their staff and provided them with an excellent level of support.

People's care needs were assessed thoroughly and their care was planned in a very detailed way. Staff saw people as individuals with equal rights and made sure they were at the centre of this process, this resulted in very personalised care being delivered. This required real effort from the staff and management team to achieve. The impact on people was that they had a real quality to their lives. People's comments told us they liked living at Shaftesbury Place. People said, "I would not change anything about here", "It's the best place I have lived" and "I'm really happy here. I have lots of friends here". One health care professional told us they were always impressed by the care people received. They told us staff went "above and beyond" at times to meet people's needs. One relative described the staff as being "brilliant".

Staff worked extremely closely with health care professionals to ensure people's needs were responded to. When needed they adapted their practices and support to ensure they could respond to people's needs at the time. Senior staff were knowledgeable and very skilled and they were confident enough to speak up if they felt people were not getting the correct level of attention from health professionals. One health care professional told us staff were always knowledgeable about what they were contacting them about.

The registered manager and her senior staff provided strong leadership and their message about the standard of care people should expect was consistent. The registered manager said, "We strive to make things the best we can for people". They said, "We must go out of our way to always try and achieve this". A representative of the provider said, "I have a huge amount of respect for her". They described the registered manager's work as being all about the people she cared for. They said, she is "Extremely client focused". Robust monitoring systems in place also ensured this remained the case. One member of staff described the management approach as "very open, inclusive and supportive".

People who lived at Shaftesbury Place were also very involved in the decisions made in the service. This was evident in the future plans and projects spoken about in this inspection where people's views and ideas were very much incorporated into these. The registered manager told us "Everyone has something of value to offer".

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 against risks that may affect them. Environmental risks were also monitored, identified and managed.

Arrangements were in place to make sure people received their medicines appropriately and safely.

People were protected from abuse because staff knew how to identify this and report any concerns they may have.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good ●

The service was very effective. People received exceptional care and treatment from staff who had been trained well to provide this.

People who lacked mental capacity were protected because the Mental Capacity Act (2005) and its code of practice was adhered to.

People received appropriate support with their eating and drinking and had been educated in what foods made up a balanced diet.

Staff ensured people's health care needs were met by working closely with many external health care professionals. Where staff did not feel people got adequate review of their needs they were not afraid of speaking up on their behalf and insisting this be done.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who were kind and who delivered care in a compassionate way.

Staff strived to meet people's preferences and wishes at all times and to uphold their choices.

People's dignity and privacy was maintained at all times.

Staff helped people maintain relationships with those they loved.

Is the service responsive?

Good ●

The service was very responsive. People's needs were assessed and planned particularly well. Staff had very good information about people and were able to provide very personalised care.

When people required additional support outside of their care and treatment staff were always able to provide this.

People made their own decisions relating to how they socialised and what activities they took part in. They had many opportunities open to them which gave them a good quality to their lives.

The management staff were very open and approachable and people felt they could approach them at any time with any problem. However, if people needed to raise a complaint arrangements were in place to ensure these were listened to, taken seriously and resolved.

Is the service well-led?

Good ●

The service was well-led. Staff received strong leadership and very good support. They benefited from the management's expectations being consistent and clearly communicated. People were included in decisions made about the service's development and improvement.

There were robust monitoring systems in place, both by the service's immediate management team and by the provider to protect people from shortfalls which may have a negative impact on them.

The management team were open to people's suggestions and comments in order to improve the service going forward.

Shaftesbury Place

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 unannounced inspection was carried out on 16, 17 and 18 December 2015 by one inspector. Information we held about the service was reviewed before the inspection. This included significant information the provider had informed us about and included statutory notifications. These notifications inform us of a person's death, serious injury or any event that stops the service from running smoothly. We asked commissioners of the service for relevant information they held about the service. We also sought the views of three health care professionals who visit the service.

During the inspection we spoke with six people who live at Shaftesbury Place and sought their view on the services provided. We spoke with five care staff, the registered manager and a representative of the provider. We also spoke with two relatives and one health care professional. We reviewed seven people's care records which included care plans and risk assessments. Three of these care records were for people we spoke with. We reviewed a selection of people's medicine administration records and other records relating to the medicines system. We reviewed the training records of six staff which included certificates of training as well as three staff recruitment files. We observed interactions between those who lived at Shaftesbury Place and the staff who worked there.

We looked at a selection of records and documents relevant to the management of the service. These included two policies and procedures, various audits and the service's improvement plan. We reviewed the service's training record, the minutes of meetings held with people who lived at Shaftesbury Place and those with staff. We reviewed the service's maintenance records.

Is the service safe?

Our findings

People were protected against potential abuse and harm. The service had a safeguarding policy which contained procedures which staff were aware. Staff were also aware of the local county council's wider safeguarding policy and protocols. They understood what their responsibilities were in protecting people from abuse. They knew how to and felt confident in, reporting and escalating any concerns they had, both in their own organisation and with relevant external agencies. Staff had received appropriate training and knew what constituted abuse and how to manage allegations. We had received appropriate notifications from the service in relation to safeguarding people.

People's care needs were met because there were enough staff on duty to meet these. Staff also worked in a flexible way to ensure people's social needs were met. The majority of people had active social lives, were very much part of the community and attended activities that were further afield. 12 out of the 19 people who lived at Shaftesbury Place required support to do this. One member of staff told us the staff team were very good at being flexible and ensuring there were enough of them available to meet people's needs. On one morning during the inspection two staff had been unable to work therefore the registered manager, who was in addition to the numbers of care staff on duty, stopped what she was doing and helped the care staff attend to people's personal care needs. A discussion had been held with staff on how best to staff the service and make the most of the staffing resources available. Work had been completed on a new shift pattern and this was soon to be tried out. Staff currently did all the required cooking but also gave support to those who wanted to cook their own food. As part of further plans the home was considering employing a cook so that care staff could spend more time doing other activities with people and less time preparing and cooking food.

People were protected from those who may be unsuitable to care for them because robust recruitment had taken place. Recruitment files showed appropriate checks had been carried out before staff were employed. These checks included, appropriate references and a look at the person's employment history. Reasons for gaps in employment were discussed at interview. Checks had been carried out with the Disclosure and Barring Service (DBS.) A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

Arrangements were in place to ensure people received their medicines safely. Medicines were stored correctly and staff who had received training and who had been assessed as competent administered these. People's medicine administration records (MARs) were well maintained to show people had received their medicines correctly. Stocks of medicines were monitored and a record was kept of all medicines entering the service and those being returned to the pharmacy if not used. People's care records recorded what medicines people were receiving and recorded the person's consent to receive their medicines. Specific guidance was in place for the use of medicines which were prescribed to be administered "as required". These were medicines not needed on a regular basis but may be needed "as required", for example if someone was in pain or distressed. This guidance explained to staff why and how this particular medicines should be used.

Specific guidance and processes were in place for when medicines were given to a nominated responsible person (usually a relative) to give to the person when they were, for example, out. When medicines had been required at the end of a person's life these had been organised through their GP, held securely and appropriate records kept. These medicines had been administered by a suitably qualified health care professional such as a community nurse.

People lived in a safe environment and health and safety checks were carried out to ensure this remained the case. We saw well maintained records which recorded the frequent monitoring and servicing of various systems and equipment. Risk assessments were in place and stated how specific potential risks were managed. Contracts were in place with various service providers and maintenance companies. For example, a specialist company serviced and maintained all lifting equipment, which included passenger lifts, care hoists and slings. Similar arrangements were in place to maintain the call bell system, emergency lighting, fire alarm and fire safety equipment. The fire risk assessment had been reviewed in January 2015 and actions arising from this had been completed. For example, additional fire doors were put in place to isolate the wheelchair re-charging area and guidance for staff was provided on how to shut off the mains gas. Earlier in December 2015, the fire service had been invited to Shaftesbury Place to raise people's awareness of fire safety. A member of staff told us this had been a fun based evening but where people had been able to ask specific questions relating to fire safety.

Is the service effective?

Our findings

People had their needs assessed, met and monitored by staff who had been appropriately trained to do this. People told us they were very well looked after. One person said, "No doubt about it, they really look after me twenty-four, seven. If I was ill they would look after me". Another person said, "They look after me, I'm totally reliant on them". One health care professional told us they were always impressed by the care people received.

Staff training records showed new staff had received induction training and had gone on to receive further training. Two members of staff had just completed a course to become mentors and assessors for the new care certificate. Shaftesbury Place was one of the services in their provider's region helping to develop a programme which would support new staff through the care certificate. This national certificate lays down a framework of training and support which new care staff can receive. Its aim is that new care staff will be able to deliver safe and effective care to a recognised standard once completed. Records showed several staff had qualifications in care such as the National Vocational Qualification (NVQ) or a diploma in health and social care. Staff were provided with regular updates in training on subjects such as safeguarding adults from abuse, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and challenging behaviours. Other training in subjects such as equality and diversity, person centred care and dementia awareness further improved staffs' knowledge and ability to provide effective care. Specific training had also been sought and provided when it had been identified that the team required additional skills. For example, specific training had taken place when a person's behaviour had escalated and become more challenging for staff to manage. A senior member of staff told us this had supported staff to better understand this person's particular behaviour. They were able to more proactively look for triggers to the behaviour, confidently support the person when it took place as well as those who sometimes got upset by it. This demonstrated the provider wanted to help their staff to become skilled and knowledgeable practitioners.

There were very good arrangements in place to provide staff with support. One member of staff told us staff members talked through issues each day as a team and managers were very approachable and involved in this. Staff had access to confidential counselling and support away from the work environment if they needed it. The provider was concerned and interested in their staffs' wellbeing. Staff had opportunities to meet with managers on a one to one basis and talk about their progress and training needs. At the time of the inspection annual appraisals for staff had begun. The registered manager told us this was a two way meeting held each year. In these designated one to one meetings management and their staff could reflect on individual performances and achievements and look at staffs' aspirations for the next year. Senior staff were keen for the staff team to develop and remain motivated. Future training wishes, goals and how staffs' experience could be utilised were explored at this point. Where more longer-standing staff did not wish to complete further qualifications the managers were keen to celebrate their experience and the value they brought to the team. They were encouraged to take on a lead role or help as a mentor to less experienced staff.

Changes in people's care and health needs were responded to quickly where there was deterioration in someone's health or wellbeing. Staff were kept up to date with required changes in care during staff hand-

over meetings, which took place each time staff came on duty. Care plans were also adjusted to reflect these changes. One health care professional told us staff referred appropriately to them when people's needs required initial assessment or re-assessment. Another health care professional told us the service managed complex and changing needs well. They told us staff always made appropriate calls to them, did not contact them unnecessarily but when they did they spoke with knowledge and understanding of the situation. Two examples of people's health needs altering were discussed with the registered manager. In both situations staff had needed to get these people's needs reassessed so their needs could be responded to appropriately. In one case the person's needs had altered quite dramatically over a period of time. Staff had worked closely with health care specialists and adapted how they responded to this person in order to be able to meet their altered needs. They had needed to acquire further skills to do this as well as support those living with the person. This had been successfully managed and had enabled the person to remain living at Shaftesbury Place. The second case had needed staff to be skilled at recognising a person's deteriorating mental health. Staff had used their knowledge and experience to identify what was happening, which also included changes in the person's physical well-being. One senior member of the care staff had insisted that external health care professionals review the person again and urgently. Due to this pro-active approach a review took place by an appropriate professional, which led to other specialist professionals getting involved so the person's needs could be properly assessed and responded to.

Staff had organised for another person's needs to be reviewed along with the equipment they used. This person could not verbally speak and specialised equipment enabled them to do this. The person kindly showed us how the equipment worked and whilst doing this they found a Christmas themed tune which amused other people they lived with. The interactions which followed showed that the person's access to this piece of equipment, not only helped them communicate, but also enabled them to be part of the fun their peer group were having.

People had access to health care professionals and were supported to attend health care appointments. The staff at Shaftesbury Place worked closely with several health care specialists to ensure people's health needs were met. These included the person's GP, community nurses, occupational therapists and speech and language therapists. It also included the Community Learning Disabilities Team (CLTD) and NHS mental health professionals. People's care records showed they had access to dental care, either privately or through the NHS. Some people received a weekly massage by a specialist in order to relax their limbs and improve their circulation. This was paid for privately by the individual.

In 2015 staff had responded to another person's needs in an exceptional way. It was exceptional because for Shaftesbury Place these needs were unusual. One person who had lived at the service for some time was diagnosed with an incurable condition. It was the person's wish as well as the wish of their family that they die at home; Shaftesbury Place. The registered manager explained the service operated like an extended family and it had been very important to the staff that they tried to honour this wish. For many staff this had been the first time they experienced someone coming to the end of their life. It was also a new and upsetting experience for many of those who had lived with the person and who had been their friend. The registered manager told us the staff approached the situation as a team. They told us the staff team decided amongst themselves who could manage what. Some found they were more able to be directly involved than others and those who found this too difficult supported other people and their colleagues.

The registered manager told us the team identified that in order to be able to meet these needs effectively they would require support and guidance from professionals who specialised in end of life care. The person's GP therefore organised for a Consultant in End of Life Care to visit the service and speak to the staff about how this person's palliative care and end of life care would be planned. One health care professional involved in this told us that good advanced care planning had been key to avoiding further admissions to

hospital during this time. The staff had also approached the MacMillan Service (a service which supports the dying person and their family) for advice. Several meetings were held with external health care professionals to ensure the person's altering needs were planned for and effectively met. Good communication and collective working between agencies had been successful and this person's wish and the wish of the family had been met. One health care professional involved explained that although community health care professionals were involved, staff at Shaftesbury Place had gone "above and beyond" to make this happen. This professional confirmed that this had resulted in a peaceful death for this person in their own home.

Later in 2015 a second person of this extended family died suddenly whilst out for the day. The registered manager told us this had been a big shock to people who still had times when they still got upset over the death of their friend earlier in the year. Senior staff had planned how and when it was best to share this news. The registered manager told us they had wanted staff who were on duty to be fully able to respond to people's distress and reactions once they were given the news. The news was also shared with staff who were off duty so they did not hear through a third party. A caring and inclusive culture with effective supportive management had helped staff and people respond to these situations together.

People's care was given with their consent. People's care records recorded their consent for their care and treatment. Care plans reflected the fact that people had made certain decisions about their care. Where needed people were supported to make day to day decisions. When people were unable to give consent they were protected under the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where one person's mental health had deteriorated staff had suspected the person's mental capacity had also altered. In order to ensure this person's care and treatment remained lawful the registered manager had requested a re-assessment of the person's mental capacity as well as a general review. In this case, by external health care professionals who were involved. The management staff were to subsequently submit a referral to the appropriate authority under the Deprivation of Liberty Safeguards (DoLS). This was because this person could no longer consent to living at Shaftesbury Place but needed to be in a place which could provide care and treatment. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficiently to maintain their wellbeing. Their weight was monitored and any loss in weight discussed with their GP. A record of what each person ate at each mealtime was also recorded. Relevant records were well maintained in relation to this giving staff who reviewed these, a good picture of the person's appetite and nutritional progress. Some people required support to cook their meals but could eat independently and others required their food to be cooked and also required support to be able to eat it. This support was given at the times suited to the person. Some people had been assessed by the speech and language therapist because of swallowing difficulties, therefore these people ate foods which were soft. In meetings people had been supported to learn about the nutritional value of various foods and how to maintain a balanced diet. An educational pack had been produced, with pictures, to help people improve their awareness.

People lived in a building that had been built some years ago and which had been adapted and maintained in a way which accommodated the needs of people with a physical disability. Many people used an electric wheelchair therefore spaces were wide enough to allow people to move around easily. Information for people to read was kept at a height they could reach. People lived in four units which each contained a

number of bedrooms, lounge area, kitchen, toilets and bathroom. The kitchen area for example, had been adapted so the hob and oven, work-tops and sink could be accessed by a person in a wheelchair. Some people had hoist tracking attached to the ceiling in their bedrooms to ensure they could safely transfer from their wheelchair to their bed. Some alterations were being made to the building to provide two areas of independent living. Whilst these areas did not fall under the Care Quality Commission's regulations what was being developed by the provider would benefit people in Shaftesbury Place. A good example was one person living in Shaftesbury Place and receiving care from the staff had reached a point where they could live more independently. This improvement to the building would provide that person with this opportunity without having to leave the friends they had made.

Is the service caring?

Our findings

When talking to people about how the staff treated them they told us staff provided caring and compassionate care. One person told us that the staff at Shaftesbury Place were more caring than they had been where they previously lived. One person specifically said, "The night care staff are friendly here, they weren't where I was before". People told us they could discuss anything with the staff. When talking about this specifically with one person they said, "They're really understanding". One health care professional told us when they visited people always looked happy and said, "There is a nice vibe".

We observed the way staff interacted with people which was kind, supportive and non-judgemental way. People were treated as adults with equal rights. Staff interactions were not rushed and were carried out in a way that made people feel as if they mattered. Staff gave people compliments and praised them and we could see people were obviously pleased with this. People's privacy and dignity was maintained at all times. One member of staff told us about how they delivered one person's intimate care, which they knew the person found difficult. The member of staff told us they had realised this and used humour and diversional conversation to make the person feel less self-conscious. Staff were respectful of the fact that Shaftesbury Place was the home of the people who lived there. One member of staff said, "We just happen to work here".

People's care plans recorded what upset them, what their likes and dislikes were and particular preferences. Staff told us they were very aware of these and always aimed to ensure these were met. People were able to make decisions and choices relating to how they spent their day, what they ate and who they socialised with. For example, people told us they chose what they wanted to eat and many did their own food shopping; sometimes with staff support. People in their individual units often decided to have the same meal as each other but if someone wanted to have something different, they could. One person told us they had chosen the colour of their bedroom walls which were painted for them before they arrived. They said, "It's my favourite colour and makes me feel happy". During the inspection one person became upset and distressed and a member of staff offered reassurance straight away in a quiet and private way.

People were very much involved in making their own day to day decisions and where they needed help to do this staff supported them. Many had close family who helped them with bigger decisions such as financial ones. If this was not the case arrangements were made to ensure people got the right support. Many people spoke to and visited their family regularly and families and friends were made welcome when they visited. At the time of the inspection several people told us they were looking forward to going home for the Christmas holiday. Staff had worked hard to ensure people had enjoyed getting ready for Christmas. The registered manager said, "Whatever people want we always try to make sure it happens". One person told us how they enjoyed being independent and going out but because some members of the general public had been "unkind" towards them they now felt more safe with a member of staff with them. The registered manager described the staff team as being committed to ensuring people received the best treatment they could from them and others.

This caring and inclusive culture demonstrated that staff looked after people in a way which showed that

those they cared for very much mattered to them.

Is the service responsive?

Our findings

The staff had really worked hard to develop systems and appropriate working relationships so that they could be responsive to people's needs. People's needs were always assessed prior to admission. The information recorded showed staff had listened to the person and found out how they wished their care to be delivered. They had put the person receiving care at the centre of this process. Where people had wanted their family involved they had been. Information was also sought from professionals who had been involved with the person's care and treatment prior to their admission. All of the pre-admission information was then presented to the staff team so they could make a collective decision as to whether they could adequately meet the person's needs at Shaftesbury Place. People usually had the opportunity to visit Shaftesbury Place before moving in so they could decide if they liked it. This was an opportunity for the person to meet others who lived there and talk to the staff. This thorough process ensured that staff were well prepared for the person and able to respond well to their needs straight after admission.

Once an admission had taken place care plans were devised and tailored to people's individual needs by using the information that had been gathered. As the information gathering stage had been completed so thoroughly and people had been very involved in this, the care plans that followed were detailed and very personalised. They gave staff excellent information on how to respond to the person's needs. As the plans of care were then regularly reviewed with the person they evolved and remained very personalised. People told us the care they received was what they wanted and needed. When talking with one person about how the staff looked after them they said, "I'm absolutely happy here. I would not change anything about here".

Staff actively encouraged and promoted the involvement of those who mattered to people when the person wanted this. The registered manager explained where needed however, staff would act as people's advocates when family involvement became inappropriate or was not wanted. One situation was discussed during the inspection where the registered manager was working with other adult social care professionals to ensure a person's family involvement remained appropriate. All people's care records stated who they wanted involved in their care and who they wanted information to be shared with. In most cases people wanted their nearest family representatives involved. This was not always the case and this wish was respected.

The exceptional way staff responded to people when they needed support and involvement was demonstrated by the staff in 2015 when two people who lived at Shaftesbury Place died, both unexpectedly. These situations were quite different from each other and required different responses from the staff and the managers. One involved the staff supporting people who lived at Shaftesbury Place to attend their friends funeral and host the wake afterwards. The registered manager told us people had wanted to do this and pay tribute to their friend in their own way. A relative of this person said (about the wake) "For us as a family it was lovely". They said, "They (the staff) had been exceptional, they were brilliant; all the staff were lovely". The registered manager explained this person had lived at Shaftesbury Place for several years so the staff, people and family had become friends. The second situation required the registered manager to consider how best to deliver news that she knew would be a shock and cause distress. They explained they needed the staff to be ready to respond to people's distress and questions when they were told. The registered

manager explained that the staff managed this exceptionally well at the time and had continued to when people had followed more recent news on the event through social media. This was the case during the inspection for one person who had been close to the person. They had needed to share the latest news with the registered manager so she broke off from the discussion taking place and gave immediate support and reassurance to this person. A culture which responded fully to people's needs, when they needed support, and one which involved those that mattered to people was very evident in this service.

Several people told us they had developed good friendships at Shaftesbury Place. One person said, "I like it here because I have lots of friends". The registered manager explained that many people had friends outside of the care home which they met up with regularly. Staff provided people with support to maintain these friendships. People were able to bring friends back to Shaftesbury Place if they wanted to or have help to meet up with them. People's right to independence was respected and one member of staff told us the staff team tried to support this as much as they could. One person told us how they enjoyed being independent and going on trips out but, because some members of the general public had been "unkind" towards them they now felt more confident if a member of staff was with them. This had been organised and the person still enjoyed going out. Another person said, "This is the best place I have ever lived, it's fantastic". They qualified fantastic by saying, "I'm allowed to go out when I want to".

People's ability and opportunities to follow their interests, partake in social activities and education was seen as key to their quality of life by the staff. It was down to the staffs' exceptional "willingness" as one member of staff put it to make this happen. Several people attended a local college for physically disabled people and enjoyed the learning opportunities this gave them. One person told us they had learnt to cook and now enjoyed doing this. One member of staff told us they took two people to a project which helped recycle items and the people really enjoyed being part of this work. Opportunities had been presented to people to be able to attend special events. One member of staff told us several people at Shaftesbury Place had enjoyed sporting events further afield. These had included The Oval and Edgbaston to watch the cricket as well as the Crucible in Sheffield to watch the snooker. One person was a fan of a local sports team and a member of staff had organised a trip to see them play and meet some of the players. Some people enjoyed evening disco's which were held locally for people who were physically disabled. To make this all happen staff worked exceptionally flexibly, as a team, enabling some staff to escort people whilst ensuring the needs of those who did not go out could be well met. One member of staff explained, when they took people places it sometimes meant they got home late into the evening but they said, "That's okay". Several people told us they had enjoyed Christmas shopping in a large shopping mall recently and another told us they "loved" clothes shopping. Another person had been provided with one to one support to do some late night Christmas shopping locally and to have supper out.

Some people had opportunities to go on holiday with their family but sometimes they needed staff support to do this. The registered manager explained that one member of staff had volunteered to go with one person on a week's holiday. They said this member of staff was paid their usual weekly rate but had been the sole person, on call, for the person's needs, 24 hours of the day for that week. The registered manager told us this was an example of staff being happy to do this if it enabled people to have a quality to their lives. Another person's family had organised for them to spend Christmas with family abroad. Staff offered to be flexible to transport the person to the airport but this was not required as the person's relatives made alternative arrangements. People remaining at Shaftesbury Place over Christmas had collectively decided that they would like a three course meal followed by a party and disco. One person's hobby was being a disc-jockey and they were to provide the music for the event.

Meetings were held on a regular basis with people who lived at Shaftesbury Place. These were to ensure staff knew what people wanted to happen and what they wanted to get involved in. The registered manager told

us the staff team could then better organise how they could respond to ideas and aspirations. These were called house meetings and were held in the communal lounge and the agenda was shared with the management staff. The registered manager said, "Everyone has something of value to offer". They said, "They (the people) are involved in pretty much everything that happens in this home". In these meetings a collective decision had been made for 2016's main project. This was to work with a gardening company and design and be practically involved in developing a garden which people wanted. Some people had wanted to also be able to grow vegetables and this had been included in the plans. Some bathrooms were due to be upgraded also and the registered manager explained that it would be in these meetings where people will choose the colour scheme and the flooring to be put down.

People were also able to raise their concerns and complaints. The provider had a complaints policy with procedures which had been reviewed in January 2015. The policy outlined the stages a complaint could take. A guide to making a complaint was available for people to read and was also available in pictorial format. The registered manager told us as far as they were concerned a complaint was "An expression of dissatisfaction about anything and it could be expressed in any way". One complaint had been received since the service's last inspection in 2013. This was about a delay in refurbishment work and a person's ability to move into new accommodation on site. The complainant had been responded to and an explanation and apology given about the delays. The registered manager agreed the delays had been frustrating but showed us the work which was well underway when we visited. The registered manager explained this was an important move for one person who lived in the care home and who was ready to now live more independently. The registered manager told us people or visitors tended to approach her, on an individual basis, if they were unhappy about anything. She told us she ran an open door policy and preferred it if people raised issues with her which she could then help resolve. People could also raise areas of dissatisfaction in the house meetings if it was something that could potentially be sorted out by doing that. One person said, "Sometimes it's difficult because we all live together but things get sorted out".

Is the service well-led?

Our findings

The exceptional culture in this service had been promoted by the registered manager. People told us they were able to talk to her about anything. The interactions we observed showed this to be the case. The registered manager had worked their way up through the care ranks so they were aware of all aspects of the job and highly experienced in their field of care. She was respected by those who worked for her and her senior management team. She said, "I have been there and I would not ask any one of my staff to do something I was not prepared to do myself". For example she had recently stopped some management work to go and clean someone's floor because staff were providing support to others and it needed to be done. The senior management team also told us they helped deliver care when staff needed help, they said, "I'm a carer first, this will always take priority". A representative of the provider described the registered manager as, "Extremely client focused". They told us for the registered manager it was all about those she looked after. They said, "I have a huge amount of respect for her".

Staff told us the registered manager provided strong leadership and was very approachable. We observed this being done in a quiet and unassuming way. The registered manager said, "Not all decisions I make are popular but they are always for the benefit of those who live here". The service's management team worked together to ensure staff were clear about their values and expectations. Staff we spoke with agreed this was the case and it was evident through what the service had achieved that staff really believed in these and worked collaboratively with the management to provide a very good service to people. In some aspects the service was exceptional. This included how it made sure people had opportunities to live their life to the full and have a good quality of life. The registered manager and staff team had developed a culture together where staff wanted the best for people and they were willing to put themselves out to achieve this.

Making sure that care was delivered at all times in a caring and compassionate way and that people were treated equally and given respect at all times was one of the main values. Staff were obviously clear about this value because we saw this in practice throughout the inspection. People also confirmed this value was very much practiced. One member of staff described the registered manager and her immediate senior staff as being clear about what they expected by having a "very open, inclusive and supportive" approach in how they managed. Communication channels between staff and the management team were open and strong. This was seen in the way the management team had listened to staff about how they would prefer to work their shifts in a different way and then how they went away to work out how this could be done and still benefit the service. Staff also had the opportunity to raise their views at any time and have issues presented directly to representatives of the provider through a staff council representative. Examples were given of what had been taken back to the provider and what had been considered and followed through. This had included a review of people's terms and conditions and pay. One member of staff said, "We are very lucky to be able to do this".

The registered manager kept up to date with good practice and news generally which was relevant to the needs of those she looked after. This was done partly by being registered with the charity Research in Practice for Adults (RIPA). This helps staff in adult social care keep up to date with evidenced based practice which the registered manager then applied and promoted at Shaftesbury Place. The registered manager

was actively involved in strategically developing services for the provider. Her experience with working with physical disabilities was used to monitor and support other services in her region. She was involved in carrying out quality checks on other services in the region and helping them achieve good outcomes. Due to her experience and ability to work in a positive and solution based way she was the lead for the provider's pilot scheme in developing the new electronic care planning system. A representative of the provider told us her approach had resulted in staff, not only in Shaftesbury Place, being able to positively embrace these changes.

The registered manager told us they were aware of Regulation 20 of the Health and Social Care Act 2008 - Duty of Candour and promoted the intention behind this regulation which was to be open and transparent with people and other 'relevant persons' when mistakes were made. It also requires staff/providers to be honest with the people involved about what has happened and to apologise. An honest and transparent culture was demonstrated in 2015 when a medicine error was made. The member of staff had owned up to their mistake, had been able to be honest in their account of what had happened, had been extremely apologetic about the incident and had wanted to learn from it. The GP had confirmed no ill effects had been suffered by the person.

The registered manager told us they received very good support from the provider through their immediate line management support. They told us they also benefitted from the provider's regional meetings and being able to network with other managers in their region. They told us this gave them ideas for improvement in their own service; opportunities to talk about and improve the way things were implemented in their region as well as opportunities to share good practice. One example, had been working with other managers towards developing a training plan which would support new care staff in completing the care certificate. Another example had been looking at the new electronic care planning system which had been introduced to make sure it provided the staff with what they needed. This showed the provider valued the views and ideas from senior staff to help improve services and processes further.

The management team monitored the performance of the service and the standard of care being delivered by completing various audits and working alongside their staff. Where shortfalls or improvements were needed actions were developed to address these. These actions were submitted to the provider. The registered manager's immediate line manager visited monthly and carried out a monitoring review visit on behalf of the provider. At this point, actions set by the registered manager were followed up and signed off when completed. The service's performance against the provider's own expectations and performance indicators were also assessed. An on-going service improvement plan ensured there was a programme of continued monitoring and improvement. The registered manager explained that if action dates on the on-going improvement plan were not met, a reminder would be sent from the provider's quality monitoring team and an explanation would be expected as to why the action had not been completed. The registered manager spoke positively about this process telling us it kept the momentum for improvement in place. They also submitted a weekly report to the provider. This report gave vital information about number of vacancies, information on complaints and on any new issues. Information on the new development of pressure ulcers or the progress of existing pressure ulcers was sought as well as the numbers of accidents. This showed that the provider was monitoring the service from a business perspective as well as monitoring the management of risks.

The registered manager told us staff were very much included in deciding how improvements were to be implemented. Meetings were held with staff to discuss business and management progress and to hear their ideas and views. The next meeting was due soon, where managers planned to discuss the implementation of the new staff shift system, give feedback on the staff appraisal process so far and give an update on the progress of recruiting a cook. The registered manager said, "We strive to make things the best we can for

people". They said, "We must go out of our way to always try and achieve this".