

Catherine Bernadette Conchie

Derby House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

We inspected this service on 7 November 2015. The inspection was unannounced. At our previous inspection on 2 September 2014 the service was meeting the legal requirements.

Derby House is a care home providing personal care and accommodation for up to three older people, who may be living with dementia. The home is set in pleasant grounds. All the single bedrooms have en suite facilities. The home is in a residential area of Stretford; it is close to Stretford Arndale shopping centre and has good public and motorway links.

As part of the overall registration of this service, there is no condition that the provider must employ a registered manager at this location. 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.'

Summary of findings

However, the larger care home, in the same grounds and is close by, has a registered manager who has overall responsibility for both locations. The provider also employs a deputy manager.

It was clear from talking to relatives, people who used the service and staff that both the manager and deputy shared a passion for working with people living with dementia. The passion they both demonstrated for providing high quality care for people living with dementia was also shared by the staff group.

People living at the home were safe. Staff and the management team understood their responsibilities in safeguarding people. The service had a positive approach to risk. They assessed how people could be supported to continue to 'live the life' they wanted and were used to. Staffing levels were planned so that staff were able to support people well with their physical, social and emotional needs. Pre-employment checks were made to determine whether staff were suitable to work with people who may be vulnerable because of their circumstances.

People received care and support from a well-trained and motivated group of staff. Staff were responsive to people's individual needs and people's preferences and wishes were at the heart of the care and support they provided. Caring relationships had been built between staff and people who used the service, and excellent support was provided for their family members. During our inspection we noted that staff were friendly and kind to people and treated people with respect. We observed a lot of laughter and friendly banter between staff and people who lived at Derby House.

People were actively encouraged to be part of the local community and for the community to be involved with the service. Local playgroups were given the opportunity to visit the service for their weekly playgroup session, which the deputy manager told us was enjoyed by the people living at Derby House. It was intended that this would restart in the summer months.

People were encouraged and supported to maintain their independence and their individual hobbies and interests.

People made excellent use of the resources within the home which engaged people with activities such as arts and crafts, household tasks, reading and reminiscence therapy.

A wide range of menu choices were available using good quality food and catered for people's individual preferences. This included people's specific health and cultural dietary requirements where required. Food and drink was available to people throughout a 24 hour period. Staff gave excellent support to those who required additional help in eating and drinking.

The staff team understood their obligations under the Mental Capacity Act 2005. When decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests and the correct paperwork was in place.

Where people were moving towards the end of their life, the service followed the Gold Standards Framework to ensure their dignity was maintained and they received better care to meet their needs. The manager and staff had a strong commitment to providing support to people and their family to ensure a person's end of life was as peaceful and pain free as possible. They also worked with other healthcare professionals so that the person could remain 'at home' wherever possible.

People and relatives were encouraged to speak to any of the staff team if they were not happy with any aspect of the care or services provided. Relatives told us the management team responded well to any identified concerns and rectified them quickly. No formal complaints had been made about the service.

Everyone we spoke with, including people who lived at the home, staff and relatives told us Derby House was very good or excellent at what they did and that the care people received was 'overwhelming.'

The management culture of the home was open, dedicated to providing excellent care to people, and equipping staff with the skills they needed to provide excellent care. Standards were high, and staff made every effort to maintain this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was a high number of suitably skilled staff to meet people's individual needs and keep them safe.

Staff took a positive approach to risk management so people could continue to do activities they enjoyed safely.

Staff understood their responsibility for reporting any concerns about people's wellbeing to the management team.

Medicines were managed according to good practice so people received them safely, at the correct times. One isolated incident was discussed with the deputy manager during the inspection. It was clear that the outcome of this would be discussed with the staff team and a 'lessons learnt' attitude would be adopted.

Good



Is the service effective?

The service was effective.

New staff had a thorough induction to provide them with an understanding of their role in supporting people who lived with dementia. All staff received extensive training in dementia care and to ensure people's health and wellbeing was maintained.

Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected.

People enjoyed the choices of food and drink available and food provided met their specific dietary needs. Staff provided good support to those who needed additional support with eating and drinking.

People received ongoing healthcare support from a range of external healthcare professionals.

Good



Is the service caring?

The service was caring.

The provider's aim was to create a 'family feel' within the home and this was clear during our inspection visit. The staff team, people using the service and their relatives contributed to achieving this and were involved in decisions about the care people received.

We noted that people were very well cared for, and were valued as individuals. There was a lot of laughter and good humour during the inspection visit. People using the service were spoken to and treated with dignity and respect.

The staff team had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate and dignified way.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Staff knew the people they were caring for very well. People's individual needs, likes and dislikes were known and staff supported people in pursuing the activities they enjoyed.

People at Derby House had a good quality of life, they engaged in activities which were meaningful to them.

People and relatives felt able to speak with staff or the management team about any concerns they had, knowing these would be addressed where required.

Good



Is the service well-led?

The service was extremely well-led.

The provider was committed to providing a good quality of care to people who lived with dementia. This passion was shared by the deputy manager and the staff team and was reflected in the practices observed on the day of our inspection.

People using the service were encouraged to participate in the running of the home.

Outstanding



Derby 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.

The inspection took place on 7 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which

the provider is required to send to us by law.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with three people who lived at Derby House and one relative who was visiting. We also spoke with a relative by telephone. We spoke with the deputy manager who was on duty and three care staff during the inspection. We also observed how people were supported and to help us understand people's experience of the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not always share their views with us. We then carried out two telephone interviews with two care staff, on the day after the inspection, to gain further information about their work.

We reviewed three people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

Is the service safe?

Our findings

People who lived at Derby House told us the impression they felt safe. One person told us, “I like it here, they are alright.” A relative told us they were extremely happy with the care provided at the service and that they were “reassured” in the way their relative was taken care of. One relative described how their relative was able to stay in their own room, which they preferred, and that staff understood them well.

We observed people were safe. Staffing levels had been planned in a way which meant staff were available at the times people needed them, in order to provide person centred care. We saw that staff were always present in the communal area, talking and engaging with people, as well as staff being available to support people to meet their individual needs. There had been some changes in the staff group in the last few months, and shift patterns had been arranged to ensure newer staff were working with more experienced staff, who could give them good support to ensure people’s needs were being met.

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received. We also noted that when there were issues with a person’s working practices this was dealt with promptly and appropriately. Where necessary additional supervision and training was given.

Staff understood the needs of the people they provided support to. They knew the triggers for behaviour changes and the risks associated with a person’s health and welfare needs. The focus in the home was to create a caring and loving environment where people felt safe. Staff responded quickly if a person’s behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. This meant people were protected from the risk of psychological and physical harm.

Staff we spoke with had a good understanding of how to protect people from abuse. They clearly understood their

responsibilities to report any safeguarding concerns to a senior staff member. The management team were aware of their responsibilities to report any safeguarding concerns to the local authority.

Staff managed the risks related to people’s care well. Each care record had detailed information about the risks associated with person’s care and how staff should support the person to minimise the risks. We saw staff responded to incidents quickly, and records of these were made. We also noted that staff identified potential fall risks, for example one member of staff immediately cleaned up food that had been dropped on the floor in order to prevent someone slipping.

The deputy manager told us they reviewed incidents and accidents. They told us that if a person had two incidents, such as falls in a short period of time they would take further action, for example, refer the person to the ‘falls clinic.’ We saw falls and incidents were being analysed to identify any trends or patterns so that appropriate support could be sought. The provider also kept a near miss register which was discussed at staff meetings.

At the time of our visit the home was in the final stages of being refurbished and re-decorated on the first floor, to allow an increase in the numbers of people living at the service, once the registration process had been completed. The provider had managed to keep any work and disruption to a minimum to make sure people were safe.

We had not received many notifications of incidents and accidents at the home. We checked with the deputy manager and they confirmed the small number of notifications, was because there had been few incidents and accidents that required formal notification to the CQC.

The premises were clean and tidy. Fire extinguishers were in place and staff told us they were aware of emergency evacuation procedures and equipment to be used in the event of a fire or an emergency. During our visit, a wheelchair user was regularly checked to ensure they were positioned correctly, and footrests were in place to ensure safety and comfort.

We checked how medicines were managed in the home. Each person’s medicine was stored safely and complied with the regulations for safe storage of medicines. A medicine administration record (MAR) was correctly completed by staff when they gave people their medicines. During a stock check of the medication an error was noted.

Is the service safe?

The deputy manager agreed to check this and made it clear that the outcome of this would be discussed with the staff team and a 'lessons learnt' attitude would be adopted. There was no evidence to suggest that anyone had come to

harm and the event was an isolated incident. We observed staff administering medicines to people. We saw medicines were administered safely and at the time of day required by the prescription.

Is the service effective?

Our findings

People and their relatives were very complimentary of staff's skills and knowledge. One relative told us, "The staff are very good, they take care of my [relative] very well. I have nothing bad to say about the place." Another relative told us, "Its home from home, its lovely."

All the staff who worked in the home had received training to understand what it was like to live with dementia, and to understand and implement the provider's focus on 'a family home' environment.

We observed staff put their training into practice. Staff approached people in a respectful, dignified and friendly way, which encouraged people to have meaningful interactions with them. They quickly identified when people needed something, either by verbal or nonverbal expressions, and took positive steps to engage people with activities or discussion which they knew would suit them. One member of staff told us, "I have really gained my confidence working with people who have dementia; I have had good training and have learnt a lot from watching other staff."

As well as dementia specific training, staff told us they had received training considered essential to support people's health and safety as part of their induction. This included moving and handling and infection control. The deputy manager confirmed the induction training was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Derby House has also been awarded the Trafford Dementia Kite in addition to their Dignity in Care Award.

Staff told us they were supported to do additional training when the need arose. For example if someone moved in who was a diabetic, then the training would be provided to make sure they had the right skills and knowledge to provide proper levels of care. Once staff had worked for the service for six months they were supported to undertake nationally recognised diplomas in health and social care. Some had undertaken higher qualifications, and if identified as having management potential, had been supported to undertake leadership and management qualifications.

Staff told us they had supervision on a three monthly basis with their manager to discuss their role and practices. They told us this was in addition to senior staff working alongside them on shift. This they said made them feel supported through formal and informal systems. One member of staff said, "I've had a lot of support from a good group of staff, they've really helped me." The deputy manager explained to us how they empowered people who used the service by staff having a person centred approach to care. They did this by nurturing positive relationships between themselves and with those they supported and accepted that individuals had different needs and wants in life.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make. Care records included information about the decisions people had the capacity to make, and where people were no longer able to make their own decisions. During the day we saw people being supported to make decisions about what food and drink they wanted and whether they wanted to be involved in activities in the home. Where people could not make decisions, the appropriate people had been involved in decisions made in the best interest of the person.

The staff team were aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for people whose freedom had been restricted. At the time of our visit, the provider had sought the advice of the local authority for a newly admitted person and the remaining people had the correct paperwork in place. Nobody using the service had their movements restricted within the home. Safety measures were present, but unobtrusive. We saw staff always checked with people whether they gave consent before undertaking any form of activity with them, including offers to support someone to the bathroom.

People received support to eat and drink and were offered a nutritious diet. The staff on duty cooked and prepared the meals provided and we noted that one person was helping in the kitchen area during the breakfast and lunchtime meal. Staff knew the specific needs of each person and made sure meals were prepared in accordance with their needs.

Is the service effective?

There was no specific time for people get up or eat their breakfast. We saw people having a variety of breakfasts at different times throughout the morning.

During the morning, people were asked what they would like for their lunch. Prior to lunch being served, one person helped to set the tables. Everyone sat around the large dining table, with the staff, ready to eat the meal. Those who required staff support to eat were assisted in a calm and discreet manner. Staff gave people time and gentle encouragement to eat and drink at a pace that suited the person. This helped to promote a more 'homely' and family environment. People were seen enjoying their meal. One relative explained how the food provision was good and that their relative had gained weight since moving to the service.

Where appropriate people had been referred to the speech and language therapy team (SALT). This was because there had been concerns identified with their eating and drinking. SALT provided staff with information and advice about how to support people.

Throughout the day people were frequently offered drinks and snacks. Food and drink was also available in the evening and during the night. This was important because people living with dementia may lose their appetite or not respond to hunger. Set meal time routines on their own, are not always effective in ensuring people receive the food and fluids they need to stay healthy.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as the dentist, chiropodist and optician. The manager accompanies people to medical appointments, unless their relatives request they do so. A new 'sit on scale' had been provided to replace the previous stand on weighing scales recently and the deputy manager was not sure if the difference in people's weights could be attributed to this. She agreed to monitor one person's weights more frequently and where necessary ask the advice of the dietician if the weight loss was accurate.

Is the service caring?

Our findings

People and relatives we spoke with spoke very highly of the care provided at Derby House. For example, one person told us, “The staff go out of their way to make sure my [relative] is happy.” They went on to tell us they were overwhelmed by the care and that staff were “naturally caring and kind.”

People’s individual needs were understood by staff and met in an extremely caring way. The deputy manager told us, “We do everything we can to make sure people are happy here and their individual needs are met. We want them to live the lives they want for themselves.” It was clear that staff had spent time consulting with family and representatives about how they could provide care and support to help each person feel included and valued. One relative told us, “They go the extra mile all the time. I am more than happy with everything.”

Staff knew the people they were caring for. They were able to tell us about people’s past lives, likes and dislikes and how they used this information to support and care for people in the home. This meant staff could reminisce with people, understand what might make people feel happy or sad, and ensure hobbies or interests were pursued. Records showed that care planning was centred on people’s individual views and preferences. People and their families were encouraged to talk with staff about the person’s life.

In order to promote an inclusive living environment, people were involved in the running of the home if they showed an interest. People were encouraged to undertake daily household tasks. For example one person helped to lay the table for the lunchtime meal and dry up the washed pots. People had helped choose the décor for the home and were given an opportunities to get involved in the garden area in the warmer months. This gave people a sense of self- worth and reinforced that their opinions and actions were valued.

We spent a lot of time observing the caring relationships between people and the staff supporting them. We also spent time undertaking a SOFI (Short Observational Framework for Inspection). SOFI is a specific way of

observing care to help us understand the experience of people who may not be able to talk with us. Our observations supported what people told us about staff. They said, “Staff are very good, friendly and patient.”

Staff we spoke with told us that they considered the people they cared for as part of “a big family”, and that they tried to make it feel like the person’s own home. It was clear during the inspection, and from what relatives told us that the staff were keen to let people be themselves and that the home was run for the benefit and not for the benefit of staff routines. We saw lots of positive interaction, plenty of humour and laughter. A member of staff told us, “I love my job, it’s not like coming to work. One member of staff talked about feeling valued and loved and that she thought this should be how people living at Derby House should feel.

Staff understood the importance of physical contact to reassure and communicate care and affection to people living with dementia. During our visit we saw staff touching a person’s hand or shoulder to soothe them. We also saw staff sitting beside people and getting down to their level so they could have eye contact when offering reassurance or a comforting word. A member of staff told us, “When offering comfort a touch is worth a lot, even more than talking sometimes.” Because of the small number of people living at Derby House, staff had time to socialise with people. This was seen as an important aspect of the staff routine. We saw people and staff enjoyed the company of each other. We saw people being treated by all staff with warmth and kindness. Staff understood how to support people with dignity and respect. Staff clearly valued the contributions people had made in their own lives and told us they respected them as individuals. This was further supported from our observations of the way they engaged with people and in the conversations they had. They respected people’s privacy and their right to make their own decisions about how they wanted to spend their day. Where people required personal care, staff responded discreetly and sensitively.

We asked staff how they ensured they respected people when they undertook personal care. They told us when bathing a person, they ensured everything was ready for them so they didn’t have to wait, they ensured the person was clothed until they got into the bath, and they closed the curtains so nobody could see from the outside.

Relatives told us they were able to visit at any time. They told us they were made to feel welcome and that staff

Is the service caring?

cared for them, as much as their relative. Staff and relatives told us the provider and management team were approachable and present at different times of the day. This they found reassuring because “if it mattered to the provider that they were getting it right, that had to have a positive impact on the overall running of the service.”

The resident dog was seen as a positive contribution to people’s lives. The dog was calm and accepted by people living at Derby House. People enjoyed the dogs company and were often seen stroking and speaking to her.

We were told as people moved to the end of life stage in their life that the staff team were keen to continue to

provide care and support wherever possible, so that the person could remain at home and with people they knew. The deputy manager knew about the support available to them and had a good network of healthcare professionals who had helped in the past. No one during our visit was being nursed in bed or was in receipt of palliative care. All staff have been trained in palliative care and Derby House has been awarded the ‘Steps to Success (NW) End of Life Care Programme’ which was hosted by a local hospice. The registered manager also contributes to the Trafford Palliative Care steering group to represent residential care homes in the area.

Is the service responsive?

Our findings

People spoke positively about the responsiveness of staff and the provider. Relatives told us they felt involved in how the care was provided. Care plans contained extensive information about each person, their own personal needs, how best to support them, and any changes to people's needs. A section in the care plans detailed a person's life history, family information and important dates such as wedding anniversaries and birthdays.

The provider encouraged people to visit the service prior to moving in. The deputy manager told us people could spend one or two days at the home, have lunch with other people and the staff, and speak with staff about what their interests and needs were. This meant if the person chose to live at Derby House they had a good idea what it was like and the transition could be managed more effectively.

The premises were in the final stages of a refurbishment and redecoration on the first floor. The impact of this had been minimised to prevent people's anxiety and any disruption. The provider was creating a better environment for people to live in, and to provide an additional four bedrooms. They were part way through registering the new bedrooms so that once registered a slow increase in numbers could be started.

The provider is an advocate of doll therapy. Dolls were used in the home to provide people with comfort, stimulation and purposeful activity. They also helped staff to engage with people. We saw some people cuddling their own soft toys, and talking about them. People, who got comfort out of using dolls and soft toys, were supported to undertake activities with them, similar to those they would with a small baby. There is research which suggests that this type

of therapy can reduce agitation and disengagement. The deputy manager told us that the staff were aware that the dolls and soft toys were like living beings to people, and they should therefore be treated as such.

People were encouraged to pursue their hobbies and interests and could choose what they wanted to do.

People were encouraged to make and maintain relationships with people important to them. The new facility on the first floor will include a relative area, which can be used for a relative to stay overnight if they wish.

Photographs showed that people were involved with the local community and events within the home. For example themed days and celebrations at different times of the year. Those who did not want to, or were not able to go out, were supported with activities in the home. Staff read to people who liked them to do this, others read their own magazines and some people joined in arts and crafts activities. The television was on in the lounge area, and this was people's choice of programme. We saw one person was commenting on the content of the programme and staff answered any questions to aid understanding.

We looked at how complaints were managed at Derby House. People told us they would know who to raise any concerns with if they had a complaint and a relative told us, "I have never had to complain but they would deal with it, you can tell." When we asked staff about this they told us the provider or deputy manager would deal with any sort of complaint, "100%, they would deal with it properly."

There had been no formal complaints, although there had been a few informal concerns raised and where necessary a meeting with the complainant to resolve the issue. We saw all concerns were documented and addressed by the provider.



Is the service well-led?

Our findings

People we spoke with and relatives told us that they were highly satisfied with the service provided at the home and the way it was managed. A person told us, "There is nothing I can say which is bad about this place; the attention the staff give is fantastic."

Staff told us they felt supported by the management team. One member of staff told us, "I can go to the owner or deputy with anything and it will be kept confidential." Staff told us they could ask about anything and knew they would get the answer. They also felt listened to and were encouraged to make suggestions about how the service could improve. Staff told us that the provider and deputy manager worked alongside them on shift and were interested in "getting it right for people, it meant a lot to them that people were happy and settled." This the staff team told us was promoted in everything they did and strived to do.

As well as informal discussions with people and their relatives about the quality of care, surveys were periodically undertaken to find out what people felt about the care provided.

The provider was also the registered manager for the larger sister home, which was on site. Derby House does not require a registered manager but the provider took overall responsibility for both locations. The deputy manager was also employed to oversee both houses and assisted with our inspection.

We had received a small number of notifications. The provider confirmed this was because they had not needed to send them because there were few accidents or incidents that happened in the home, and there had been no safeguarding concerns.

People who lived at the home were provided with excellent resources to support their care needs. Staffing levels were good and this meant staff could spend quality time with people to meet all their support needs, and keep people safe. Staff training was of a good standard, and provided staff with the skills to engage effectively with people living with dementia. The premises were very well maintained and kept "immaculate and spotless" to use the words of a relative. The lounge, dining and kitchen area were open plan and as such were light and accessible to everyone without people being shut off in different communal areas.

This meant staff were on hand at all times and could observe those in the area easily. If people chose to spend time in their own rooms or were in the bathroom, additional staff were available from the sister home to offer support.

The provider and staff team had developed a service where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships as they chose. A relative told us, "They make you welcome and the staff are the friendliest people I know."

The provider was keen to promote the understanding of dementia within the wider community. The provider and deputy manager had open dialogue with people outside of the home, and had good networks with local rehabilitation centres. The provider was happy to liaise with people so they had a better understanding of how they supported people to maintain a fulfilling and interesting life and made sure staff had the necessary training and skills to work effectively.

The provider lives on the premises and is available most of the time. The provider is proactive in the care homes involvement locally. For example, she contributed to the working group to establish a Dementia Kite Mark in Trafford. The scheme was piloted at Derby House, and they became the first care home in the area to achieve the award. The provider also represents care provider views in Trafford and is a member of the Care Sector Council at Manchester Chamber of Commerce. The group was formed not only to share good practice but to influence Government Policy relating to the care sector.

Since opening at the end of 2013, Derby House has hosted a number of MacMillan Coffee Morning's raising money for the charity. Invitations to these events, as well as Christmas Open Days are sent to neighbours and families of residents past and present. People using the service feel they are a valued part of the local community. Derby House has also been involved in the local food bank, the shoe box for children at Christmas scheme and this year will be donating clothes for the keep warm for winter initiative.

Strong links have been formed with two local primary schools and the residents are often entertained by the pupils from these schools. The ministers from the churches to which these schools are affiliated visit on a regular basis as well as welcoming our residents at their services at the relevant places of worship.



Is the service well-led?

Derby house take students on placement from local colleges. The provider and deputy manager also do presentations and mentor young people who may be interested in a career in social care. All of these efforts are to benefit the people using the service and demonstrates a commitment by the provider and the staff team to proactively improve the quality of life for people living at Derby House.

One of the things they did to break down barriers between staff and people who lived at the home was that staff did not wear uniforms, there were no separate staff facilities, and staff ate with people who lived at the home. We also found, through looking at team meetings and discussions with staff, that staff were valued by the management team.