

Mr & Mrs K Hepworth-Lloyd

# Hepworth 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Hepworth House provides care for up to 18 older people who have a range of needs including dementia and physical disabilities. It is situated in Bedford, close to the town centre and with easy access to local amenities. On the day of our visit, there were 17 people living in the service.

Our inspection took place on 26 February 2016. At the last inspection in January 2014, the provider was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the service was extremely caring and that staff always went the extra mile in ensuring they received care that was not only kind but compassionate. People and their relatives were tremendously vocal in their praise for the compassionate and empathetic care provided at the service. They told us that people's needs were considered to be of paramount importance by staff and that each member of staff supported people in a dignified and considerate manner. People felt that staff went above and beyond to ensure that people received the right care for them. Staff had fostered meaningful and trusting relationships with people which proved to be of great benefit to them; people were extremely happy and spent large parts of the day with huge smiles on their faces, laughing and engaging with staff and each other in a really profound and positive manner. People were valued for their contribution towards the service and their involvement was never forgotten, even when they had left.

People were encouraged and empowered to be as independent as possible within the service and made to feel as though they were extremely important by enabling them to take on small, but valuable roles. They were supported by highly committed staff that were exceedingly knowledgeable about how to meet their needs. Staff understood how people preferred to be supported on a daily basis and were skilled in communicating with them and enabling them in order that they could make as many decisions for themselves as possible. People were very strong in their belief about the positive impact that staff had made to their lives and how much they had gained from them. People told us they could rely upon staff to be there for them and provide support, affirmation and a friendly, caring face at all times.

People were treated with dignity and respect by staff who understood how to promote and protect people's rights and maintain their privacy. People had access to advocacy services when required. Relationships with family members were valued and people were supported by staff to maintain these.

People told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were kept safe and protected from harm and abuse. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. Risk assessments were

in place and were specific to people's needs; these were aimed at empowering people whilst also maintaining their safety.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff that had been deemed suitable to work with people at the home were employed following satisfactory recruitment checks had been completed. People received their medicines as prescribed and there were safe systems in place for the administration, disposal, storage and recording of medicines.

Staff received an induction based upon the fundamental standards of care, which determined their competency in a variety of subjects. They also received on-going training and formal supervision, to help them to deliver safe and appropriate care to people.

Staff sought people's consent before supporting them on a daily basis and ensured they were offered choices. We found people's rights to make decisions about their care were respected. Where people were assessed as not having the mental capacity to make decisions, they had been supported in the decision making process. Deprivation of Liberty Safeguards (DoLS) applications were in progress and had been submitted to the authorising body.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times. People were supported to access a range of health care professionals. These included appointments with their GP, hospital services and care from district nurses.

People received person-centred care, based on their likes, dislikes and individual preferences. People's care was provided by staff in a caring, kind and compassionate way. People's hobbies and interests had been identified and were supported by staff in a way which involved people to prevent them from becoming socially isolated.

The service had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. People were supported to raise concerns or complaints. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the service and people were able to talk and raise any issues with the staff. People were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys. The provider sought the views of healthcare professionals as a way of identifying improvement. Where people suggested improvements, these had been implemented promptly and to the person's satisfaction. The provider had robust audit systems in place, to monitor quality assurance and safety and to drive future improvements.

## 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.

Staff understood their responsibility to keep people safe and to report any suspected abuse or neglect.

Risk had been identified and managed to ensure that people were kept as safe as possible.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures. Only staff that had been deemed to be suitable to work with people living at the service were employed.

People were supported safely with taking their prescribed medicines. Medicines were stored, recorded and managed by competent and trained staff members.

Good 

### Is the service effective?

The service was effective.

Staff had received a comprehensive induction, a wide range of training and supervision to support them to carry out their roles. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

Referrals were made to appropriate health care professionals in a timely manner.

People had access to a regular supply of sufficient quantities of nutritious food and drink. They were supported to eat a balanced diet.

Good 

### Is the service caring?

The service was extremely caring.

Outstanding 

People had developed strong and positive relationships with the staff that worked within the service. They told us they liked the staff and that the care and support they received was exemplary.

People's care was provided with warmth and compassion and in a way which respected their independence and empowered them to retain a variety of skills.

Staff supported people in a supportive and collaborative manner and we found there were positive interactions taking place, people were at the heart of the service delivery with staff going above and beyond to ensure that people received the right care.

Staff had a good knowledge and understanding of people's support needs and what was important to them. People felt they had been listened to and their views and feelings respected.

People's privacy and dignity was maintained by staff who worked hard to promote this at all times.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People, including their relatives, were involved in their care assessments and reviews of their care.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Information about the provider's complaints system was available in an easy read format.

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

**Good** ●

The service was well led.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the service.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the service.

The service had an open and positive culture and valued any feedback that it received from people, relatives or staff.

The provider had an effective system for monitoring the quality

of the service they provided.

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# Hepworth 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 26 February 2016, and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we had for this service and found that no recent concerns had been raised. We also spoke with the local authority to gain their feedback as to the care that people received.

Due to people's complex needs we were unable to communicate verbally with them all. We therefore 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 talk with us. We observed how staff interacted and engaged with people during individual tasks and activities.

We spoke with seven people and two relatives to determine how they viewed the service delivery. We also spoke with one visitor, two social care professionals, the registered manager and provider, two cooks, the activity coordinator and three care staff.

We looked at seven people's care records to see if they were accurate and reflected their needs. We reviewed five staff recruitment files, eight staff supervision records, four weeks of staff duty rotas and training records. We checked seven medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

## Is the service safe?

### Our findings

People told us they were happy with their safety in the service and that they felt secure, both in the environment and with the actions of staff. One person told us, "I am never worried, they know what to do and do it well, that keeps me safe." Another person said, "Oh yes, I am very safe here." We were also told, "As safe as houses, that's what I feel here." Although some people were unable to confirm they felt safe, we observed that they appeared relaxed in the presence of the staff that supported them.

Staff showed an understanding about safeguarding reporting procedures and their responsibilities in respect of protecting the people in their care. They described the signs and symptoms of abuse and confirmed they knew how to report and escalate any concerns to protect people from harm. One staff member said, "With safeguarding I would go to the senior or the manager." Another staff member told us, "I would report any concerns to the manager or team leader." Staff confirmed they had access to information if they had any queries or concerns about possible safeguarding matters. Training records confirmed that staff received regular safeguarding training. We also found that supervision records showed that safeguarding was a regular focal point for discussion. This meant that it remained a primary focus for staff within discussions with the registered manager. People were kept safe from abuse and neglect by staff that were trained to recognise and report any concerns.

There were systems in place to reduce the risk of people being harmed whilst still promoting their independence. The registered manager told us that any potential risks to people's safety had been identified within detailed risk assessments. Staff told us these informed them how risks should be managed to keep people safe, both in the service and outside, in the community. One staff member said, "It is important that we assess people so that risks are reduced, we have all the guidance we need in the records." Guidance was in place for staff to ensure they knew how to minimise any risks to each individual. Staff were able to explain to us how they reduced possible risk factors for people; this included providing them with regular repositioning and monitoring their food intake when they were at risk of malnutrition. Records confirmed that risk assessments were updated on a regular basis. We found they identified specific risks which an individual might encounter, for example, skin integrity, falls and manual handling. Staff took appropriate steps to ensure that the risk of harm to people had been minimised.

The registered manager confirmed that any accidents and incidents within the service were overviewed so as to determine if there was any particular pattern, or trigger with a specific individual or member of staff. We reviewed the content of these records and found that action had been taken in a timely manner when required, for example to obtain medical intervention or use preventative equipment to reduce further risks. Records were overviewed by the registered manager to ensure that when appropriate, incidents were raised as a safeguarding matter.

General risk assessments had also been completed in respect of the service. The registered manager told us, and records confirmed that health and safety risk assessments were completed on a regular basis. We found that the service had a business continuity plan in place in the event of an emergency situation arising.

People were supported by staff that had been recruited safely. They told us there was a consistent group of staff in place, which meant they had consistency in their daily routines. Staff told us they only commenced working in the service once all the required recruitment checks had been undertaken. One staff member said, "I know that all my references and checks were through before I started." We found that staff files contained evidence of completed application forms and interview records. The recruitment policy was for all staff to have a Disclosure and Barring Service (DBS) check along with two appropriate references in place before they commenced employment. This meant the provider had recruitment processes in place which ensured staff were of a suitable character to work with people in the service.

People considered there was enough staff to support them. One person said, "They always come when I need them and they always spend time with us. I should say there are enough of them." Staff told us there was enough staff on duty to enable the safe delivery of care. One staff member said, "There are enough staff on duty at all times. People are happy and well looked after." Another staff member told us, "There are enough of us; if staff ever go sick then we cover each other. It is never a problem." Staff were also supported by the registered manager, and provider, both of whom were observed to be very hands on in their approach. We found that there were sufficient numbers of staff on duty to meet people's needs safely.

People were supported to take their medication safely. One person told us, "I always get my tablets when I need them." Another person said, "Yes dear, they always check if I need anything more, like painkillers. They are good like that." Staff were confident in administering medication because they had received training and had their competency assessed and their records confirmed this. One staff member said, "We do not give medication unless we have been trained." The registered manager told us that they considered medication to be a very important aspect of people's care needs and that all staff took time to ensure that the systems were used appropriately to keep people safe. We found that there were guidelines in place for administration of medication and for when medication was needed 'as required.' Specific instructions were in place for staff to follow.

Medication administration records were legible, with no gaps or omissions and contained expiry dates for medications to highlight this with staff. Medication was stored safely and room temperatures checked to ensure no adverse reactions occurred. We found that medicines were audited weekly. There was a system in place to return unused medicines to the pharmacy. People's medicines were administered safely and as prescribed and by staff that had been trained and assessed as competent to do so.

## Is the service effective?

### Our findings

People told us they thought staff were well trained and they considered that staff had the necessary skills and knowledge to perform their roles. One person said, "They know what they are doing." Another person told us, "They look after me very well, just how I need them to."

Staff told us that they received an induction to the service when they commenced employment. They felt that the induction process supported them to spend time shadowing more experienced staff, so as to gain the confidence they needed to deliver care independently. One staff member said, "I had five days induction which covered a lot of things, like how to change a pad, feeding, communication and moving and handling along with safeguarding. There are fifteen modules based on the Care Certificate which has given me the right knowledge." The registered manager confirmed that all new staff had an induction programme that was competency based, and was in line with the requirements of the Care Certificate. Records showed that all new staff underwent a robust induction programme.

Staff told us they also received regular training, designed to keep their skills and knowledge up to date. One staff member said, "The training is really useful and important and the practical experience helps that." Another staff member said, "Through training we have had so much chance to learn." Staff confirmed that the registered manager and the provider enabled them to undertake additional courses, including Qualification Credit Framework (QCF's) and felt that this was a real investment in their future learning. One staff member said, "They are keen to continue giving us knowledge." The registered manager confirmed that staff received regular training to keep their skills up-to-date. Training records evidenced that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, fire safety and medication. Staff training was monitored in order to remind staff when refresher training was due. Staff received the necessary training to update and maintain their skills to care for people competently.

Staff told us they were very well supported by the registered manager. One member of staff told us, "The manager and provider are always there to support us." Another member of staff told us, "We have regular supervisions and staff meetings. They are a good opportunity to share ideas and discuss future training and development." We found that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People told us that staff always sought consent from them before they received any support or intervention. One person said, "They never come in and just start doing something, they always ask if I am happy." Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement. One staff member said, "We gain consent and give choices in everything." During our inspection we observed staff asking people if they were happy to move from one room to another or to undertake an activity and they always gained consent before undertaking any action.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff members told us that they were aware of the principles of the MCA, and applied it to their role if they suspected that people may lack the mental capacity to make decisions for themselves. They told us that they did this to ensure that any decisions made on a person's behalf, were in their best interests. Within the care records we found that there had been a consideration of people's mental capacity, with full documentation of any meetings that had taken place as part of this process.

The registered manager told us that DoLS applications had been submitted for some people living at the service. Records contained DoLS care plans and copies of authorisations raised to deprive people of their liberty, and the registered manager had a log of DoLS applications and authorisations, to ensure any DoLS in place were in-date and valid.

People told us that they always had sufficient amounts to eat and drink. One person told us, "The food is always good; I can have breakfast when I like to." Another person said, "Yes, the food is nice, we get choices and the cook comes and talks to us to make sure we like things." One relative said, "The carers take much time to help feed those who are unable to do it alone." We were also told, "The food is always fresh and hot and the residents are given choices or alternatives should they not fancy what is offered."

People told us that nutrition was also discussed at resident meetings so that everyone had a say in what was served to them. They told us that a variety of cultural evenings were planned, including Afro Caribbean, Asian and Italian. This had been designed to meet the range of diverse cultural needs within the service.

We observed choices of menu option being given to people during our inspection and heard the cook and staff ensure that people were happy with their choice of meal. Staff had a good understanding of people's dietary preferences and understood how to keep people safe by following specific dietary instructions based upon dietician or speech and language therapist guidance. Lunch time was a very social experience, with lots of cheerful interaction taking place between staff and people.

People had nutritional assessments completed to identify what food and drink they needed to keep them well. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's individual weights. We found that menus were well balanced and included fresh fruit and vegetables, reflecting people's individual tastes and specific dietary requirements. We were told and saw that menus were planned in advance over a four week period. Staff told us a different meal was available for people every day and that if a person did not want what was on offer, a range of alternatives were available.

People were supported to access other services, such as the local hospital, optician, dietician or dentist. One person said, "If I need the doctor then they get them to come and see me." Another person told us, "The district nurse comes in to see me each day." Staff told us that they supported people to attend required appointments and we found they were swift to act when people's care needs changed. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met. People therefore had access to healthcare services to further support their general health and well-

being.

## Is the service caring?

### Our findings

People were very keen to talk with us and tell us how happy they were with the care and support they received. One person said, "I feel happy here, it really is good. They are A1." Another person told us, "They are very good to me; they are so friendly and kind, always smiling." We spoke with one person who was keen to understand our role and the purpose of our inspection. They said, "I know there are some bad places out there, but this is not one of them. I have had a difficult few months but they have looked after me really well and kept me going. They show me kindness and compassion and look out for me." People considered that the service was comfortable and homely and that staff were truly sensitive towards their needs, showing consistent levels of compassion and empathy towards them.

In some of the written feedback we reviewed during the inspection, we saw lots of positive praise from local authorities and relatives about the care people received at the service. One relative had commented, "Excellent care and kindness you have given to my mother over the past three years. She really loved living with you all and felt she had made lots of friends with all her carers who showed great compassion." Another comment stated, "I felt privileged to have found such a happy home."

One relative took the time to contact us after the inspection to say, "I would like to forward my personal observations which are that the standard of care is remarkable. The carers are kind, patient, insightful and hardworking. I feel always that I leave my Mum in capable and caring hands." We were also told, "The team needed some recognition for all of the hard work they do and for the excellent care they provide."

A social care professional discussed how one person had made improvements in their health and well-being since moving to the service, they felt that staff had worked hard to provide the person with high quality care and had quickly gained an understanding of the person's care needs and requirements. They said that staff had worked hard to ensure that person centred care was provided, right down to staff having an understanding of the person's favourite colour, so that new clothing could be purchased in this colour. Everyone involved with the service commented on the exceptionally caring approach that staff at the service delivered. It was evident that people, their relatives and professionals were very thankful for all the care and kindness shown to people.

Within the service, we found there was a relaxed atmosphere and observed that staff prompted and supported people instinctively. The registered manager informed people of our reason for visiting and invited them to talk with us freely about any issues they wanted to. They told us, "This is their home, they should have the ability to be calm and relaxed and say what they want to." We observed people's faces light up when staff entered communal areas and when the registered manager spoke with one person, they had a huge smile on their face, excited to see them and receive some words of comfort and kindness.

Throughout our inspection we observed extremely warm, caring and friendly relationships between people and staff. People were comfortable and at ease with the staff that supported them and often reached for the hands of staff for reassurance and comfort. Staff were not worried about being tactile with people, for example, we observed them offering comfort to someone who was upset, using a gentle tone of voice and

soothing words to enable them to feel secure. We also saw staff dancing with people to some music that was playing, not worrying about what they looked like and having a fun filled time. One person was upset when they thought about people in their family they had lost, and asked staff to find a photograph of their loved one so they could show it to us. When they saw this they were concerned because it had a small tear in it. Staff were quick to resolve this and located a photograph frame and placed the picture within this. When the person saw this, they told us that they were so pleased that it had been made to look nice and they proceeded to tell many of the other people within the service about this and how nice it looked. We observed that this person had changed from being very anxious, tearful and upset to smiling and engaging meaningfully with others. This showed just how much the gesture of staff in finding the photograph frame meant to them. It was evident that people trusted in the staff that supported them and took comfort from their presence within the service.

Staff told us they felt it was vitally important that people were happy and had an exceptional quality of life. One staff member told us, "We are like one big family here, we really are." Another staff member said, "It makes my day coming in and seeing people happy, we think about them when we are not at work and they ask about us when we have had days off. It is lovely." Another staff member described how they had taken a person to their home to meet their family and eat a meal with them. The person had been made to feel welcome and felt valued and part of an extended family.

Staff told us they were extremely happy in their roles and worked hard to ensure that people received the very best of care and support they needed. This motivated ethos enabled people to flourish and was based upon a team approach which placed people at the very heart of everything. One staff member told us, "This is their home, not ours and we are here for them." The registered manager said, "My staff and I all share the desire to help people, it is more than just a job for us." This was evident in the warmth, laughter, smiles and jokes shared between staff and people throughout our inspection. Staff were highly motivated and committed to people who used the service. People had forged close relationships with each other and staff because of the empathetic attitude that existed and told us they looked out for one another, which added to the homely, family atmosphere within the service.

People were ardent in their desire to tell us how staff supported them to remain as independent as they could. One person explained how they were still keen to be able to do things for themselves and discussed how they were supported to bake cakes and prepare vegetables for meals. They explained how they had planned to make a birthday cake for another person who lived in the service, with the help of the cook and we saw how much enjoyment they gained from this. It was evident that they felt at home and able to discuss with staff what they wanted to do and to work towards this. Staff also told us that two people went shopping with them to undertake the food shopping for the service and explained how they each had a trolley and were given items to look for which enabled them to feel more independent and involved in their care.

We also observed that people were supported to help out with tasks, if this was their choice, for example, preparing the tables for meal times or obtaining staff for other people, if staff were not close by for any reason. One person had a genuine desire to help people in the service so had been tasked with ensuring that people had enough fluids, under the guidance of staff. Another person enjoyed gardening and had been involved in growing herbs and vegetables for use within meal preparation. We saw that plans were in place to remove old plants and set new ones, to make a scented garden area for people to enjoy. People told us they were looking forward to having some good weather to be able to commence this. People's individuality and diversity was respected and recognised by staff and consistent attempts made to provide people with everything they would have had, should they have been in their own home.

We observed that staff communicated with people in a truly meaningful way on a regular basis, as they

entered a room or passed by someone. They always sought to ensure people were comfortable and had everything they required. Staff did not consider that they were doing anything out of the ordinary in how they communicated with people, but they always made an effort and ensured they spoke in a gentle tone of voice. They used humour as a means to support people when this was appropriate and ensured that they approached people in a way that they knew they would get the best from them. Our observations confirmed that staff interacted very positively with the people they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non-verbal communication methods when appropriate, so that people understood what was being said to them.

It was evident from our conversations with staff that they knew people's likes and dislikes and ensured their preferences for support were respected. Staff were able to tell us of people's personal histories and things that were important to each person they supported. People's records included information for staff about any personal preferences, life histories and things that were important to them. We found this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished.

People and their relatives had been involved in the planning of care. One person said they were asked a series of questions on admission to the service which they felt was a good thing. The registered manager explained that people were involved in their care planning as much as possible. Records confirmed that care planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

People told us they were supported to maintain their privacy. One person said, "They don't just barge in, they always knock." Another person told us, "They are always respectful, both in their actions and in what they say. I am never judged when I feel down, they help to motivate me and make me feel better." "Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs. When people could not verbally express their needs, staff knew what people's non-verbal cues meant and addressed their requirements for personal care in a timely manner. People were appropriately dressed and staff took time to ensure they looked nice and were comfortable.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They told us they always knocked on people's doors before entering their bedrooms and made sure doors and curtains were shut during delivery of personal care. One staff member told us, "Dignity of residents is very important, we respect their rights and give choices, for example in personal care whether to have a bath, shower or wash." Another staff member said, "People's dignity is in our hands." We found that staff worked hard to ensure that people were treated in a dignified manner, not only during personal care but also during activities where explanations were given to people in a jargon free way. This meant that the activity was all inclusive of all people who wanted to participate. The service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

The registered manager told us that there was access to an advocacy service if required. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required. Information was provided to people in a variety of formats in accordance with their needs.

People were supported to maintain relationships with people who were important to them. One person explained how visitors were welcomed into the service and that there were no restrictions on times of the visits. This open visiting enabled relatives to visit people at different times of day and to spend time with them, eating meals or chatting. The philosophy was that the service was very much, 'A home from home.'

## Is the service responsive?

### Our findings

The registered manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. Most people had lived at the service for some years but records confirmed that people or their relatives had been asked for their views about how they wanted their support to be provided. Within the care records, we found that people and their relatives had been involved in the initial assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

People told us that their care was personalised to meet their specific needs and preferences. One person said, "The care is just what I need." They told us that they were involved in planning their care, as well as regularly reviewing it, to ensure their care plan was current and reflective of their needs. Staff told us how important it was to involve people and their relatives. One staff member said, "We work with the family to make sure the right decisions are made and things are done in people's best interests. Family involvement is absolutely necessary." Throughout our inspection, we observed that people received care and support from staff which took account of their wishes and preferences. For example, in respect of what activities people wished to do, where they wished to sit or where they had their meals.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One staff member said, "There is enough information in the care plans, even for small things, like hearing aids. That means we all know how to deal with things." We looked at care plans and saw they contained detailed information about people's health and social care needs. The plans were individualised and specific to each person; they were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

Staff told us that people's needs were reviewed and changes were reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes. They worked hard to ensure that all records were reflective of specific needs. People's care plans had been reviewed regularly and changes made to care plans when this was required. For example, when people's nutritional needs had changed and action required to be taken, we found evidence to suggest this had happened, with referrals being made to dieticians and regular recordings of weight having taken place. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff ensured that accurate records were maintained.

Daily records showed that people made choices about their care to ensure all their needs were met. People told us they were involved and that staff asked them about their care. People or their relatives had signed their care plans to indicate their involvement and agreement to the care provided.

People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. One person told us about a summer barbeque the service had held last year and about the afternoon tea events that were held. On the morning of our inspection, we found that people decided in conjunction with staff what activity they wished to undertake. Firstly, the provider came in and sang with people; an activity that was very well received and with which people joined in with great gusto. People were encouraged to join in at their own pace, and we observed how much enjoyment they got from this through their non-verbal actions, clapping, tapping feet and nodding along to the music.

Shortly after this musical session, people decided that they would like to watch a 'Daniel O'Donnell' DVD. Even though people told us they had watched this before, they all stated how lovely it was and how much they enjoyed this. We observed them singing along again, talking to each other about how lovely the music was and then, later on, we observed them dancing with staff. This was an activity that people really enjoyed and fully participated within.

We spoke with the activity coordinator who arranged a variety of activities and events within the service, in conjunction with people living there. We saw that a wide range of activities could be undertaken but that these were flexible in case people changed their minds. Along with musical activities, we found that people could undertake gardening, crosswords, quizzes and bingo. People were taken into the local community to visit garden centres and local landmarks. Photos showed how much people enjoyed these activities.

People told us they attended meetings, which gave them the opportunity to discuss issues and concerns and to be kept updated about any changes within the organisation. They stated this gave them an opportunity to be involved and have a say in how things were run. Records confirmed that regular meetings were held to enable people to discuss any aspects of their care and support they were not happy with.

The registered manager showed us that they had sent out a quality assurance questionnaire and we saw evidence to confirm that the results had been analysed so that lessons could be learnt and any issues or ideas for improvement could be acted upon. People were given the chance to raise any concerns or issues on a daily basis and we saw that when appropriate, action was taken to make improvements.

People told us that staff supported them to raise concerns if they had any and that they would be confident to raise any concerns should they have them. One person said, "I don't have any worries, not now, but I know they would listen if I did." We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

## Is the service well-led?

### Our findings

At the time of our inspection, there was a registered manager in post. People told us they knew who the registered manager was and that they had a really visible presence in the service. This enabled them to speak frequently with them and voice any concerns or to pass the time of day. One person told us, "Oh yes, I know who the manager is, we see her an awful lot." We observed that people identified well with the registered manager, and recognised them as being someone who would help and support them. In the written feedback we reviewed, relatives were also very positive about the registered manager and the provider and confirmed how amenable and approachable they were.

We found that there was positive leadership in place at the service which enabled staff to fully understand their roles and responsibilities and also meant that the day to day management tasks could be completed efficiently. None of the staff we spoke with had any issues or concerns about how the service was being run and were extremely positive about the leadership in place. One staff member said, "[Name of registered manager] is like our friend, we are not afraid to tell her anything. We are in a mood to work and we are all happy. We don't feel alone." Another staff member told us, "[Name of manager] encourages you to work on your career. She is lovely, really approachable." The positive management structure in place enabled staff to feel valued. As a result of this ethos, we found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to and suggestions would be acted on. Staff told us how much they enjoyed working at the service because of the family based philosophy of care that existed. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff told us the meetings were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The

registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager and provider worked with people, supporting them and delivering personal care on a regular basis as this enabled them to understand people's needs and develop an understanding of any issues which staff might encounter. The registered manager also operated a 'hands on' approach and monitored the quality of the care provided by staff whilst assisting them.

The registered manager told us that frequent audits had been completed. Records confirmed that audits had been undertaken in areas such as infection prevention and control, medicines administration, staff recruitment files (with right to work visas checked) and fire safety systems overviewed to ensure that emergency equipment was kept safe and in working order. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.