Care Quality Commission

Northumberland County Council

Chibburn Court

Inspection report

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Morpeth
Northumberland.
NE61 5QT
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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?	Outstanding
Is the service well-led?	Good

Overall summary

The home had a registered manager who had been registered since October 2010. 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.

Relatives of people told us they felt their family members were safe and that staff treated them appropriately. Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns of potential abuse. There had been no safeguarding incidents in the previous 12 months prior to the inspection. Staff were also aware of the registered provider's whistle blowing policy. The premises were effectively maintained and safety checks undertaken on a regular basis.

Good staffing levels were maintained to support the changing needs of people living at the home. The home

Summary of findings

looked to maintain a ratio of two staff to each person to help facilitate individualized care and a range of activities. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. Medicines were stored and handled correctly and safely. There were plans in place for the use of "as required" medicines, homely remedies and the use of covert medicines, if necessary.

We saw people had access to adequate food and drink at the home and were encouraged to participate in cooking activities. Where professionals had given advice or guidance about people's diet we saw that this was being followed.

The registered manager showed us the system employed to ensure staff had regular training and updating of skills. Records and quality assurance checks indicated that most staff had completed all mandatory training. Staff said they were able to access the training they required. Visiting professionals told us staff had the right skills to support people. Staff told us, and records confirmed there were regular supervision sessions for all staff members and each staff member had an annual appraisal.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Appropriate assessments had been undertaken in relation to DoLS and application made to the local authority. The CQC had been notified of DoLS being granted. Staff were aware of the need for best interests meetings to take place where decisions needed to be made and people did not have capacity to make their own decisions. We saw appropriate action had been taken in certain circumstances.

The home had been adapted to promote people's independence with single level access and ramps available. The decoration was pleasant and people's rooms highly individualised. Several professionals had written in the home's comments book about the homely atmosphere.

Relatives told us they were very happy with the care provided to their family members. We observed staff treated people with great patience and kindness and showed a genuine interest in them as individuals. There was a very strong "family" atmosphere to the home and with staff and people sharing time together. We saw people laughed and smiled greatly. People's cultural and religious needs were actively supported and encouraged.

People had access to health care professionals to help maintain their wellbeing. Specialist advice was sought and acted upon, where necessary, and visiting professionals told us the service and support provided people was very good and that staff were committed to providing good care.

Staff advocated on behalf of people living at the home and were able to describe how this had brought about changes for people. Staff understood about treating people with respect and dignity and put this into practice. Staff and visiting professionals described how the home had provided unique and individual end of life care.

People's needs had been extensively assessed and individualised care plans and risk assessments addressed all their identified needs. Care records and care plans were reviewed in multiple ways to ensure they were current and met individual's needs. Potential improvements were identified early and innovative approaches trialled. People had access to highly individual activities based around their backgrounds, likes and dislikes. The home had adopted charities with close associations to people living there and raised money through activities which people also participated in. There had been no formal complaints in the last year. The home had received several compliments and positive comments about the care delivered and the atmosphere at the home. A professional told us staff had made a positive contribution in supporting people moving to live at the home from hospital.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Staff were extremely positive about the leadership of the home and the influence of the registered manager. They said there was a good staff team and felt well supported by colleagues and management. Staff all talked expansively about the family atmosphere at the home and how they enjoyed working and being there. Families told us they always felt welcome at the home.

Summary of findings

A professional told us how the manager and the home had actively participated in a research project which had improved care at the home. The lessons from this project continued to be applied in the care undertaken. Records at the home were complete and contained good detail.

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.

Good 

Relatives felt their family members were safe at the home. Staff had undertaken training on safeguarding issues and recognising potential abuse. They said they would report any concerns.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Safety checks on equipment and the home were complete and up to date. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. Staffing levels were maintained to ensure individualised care. Medicines were managed and stored appropriately and safely.

Is the service effective?
The service was effective.

Good 

A range of training had been provided and completion of mandatory training was high. Staff could access additional training, if necessary and had received regular supervision and annual appraisals.

Staff worked to ensure people had choices and understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). Appropriate processes had been followed in relation to Deprivation of Liberty Safeguards (DoLS) applications.

Relatives told us they felt the food at the home was good. People had access to a range of meals and drinks and specialist professional advice was followed. The home was well maintained and had been adapted to aid access to people with limited mobility. People's rooms were highly personalised.

Is the service caring?
The service was caring.

Good 

Relatives felt the home was exceptionally caring. Staff were always available for people at the home and there was a warm and family atmosphere. People looked happy and relaxed and smiled and laughed a good deal during the inspection.

People's religious and cultural needs were catered for. Staff encouraged people to be actively involved in all aspects of the home. Relatives said the home always kept them informed of any developments.

Staff had actively advocated on behalf of people living at the home. People's dignity was protected and they were treated with respect. Staff had been exceptionally dedicated in providing end of life care for one person who had lived at the home.

Is the service responsive?
The home was responsive.

Outstanding 

Summary of findings

Relatives described the home as “excellent” and praised the home and staff highly. The health and well-being of their family members had improved whilst they were at the home. Professionals told us care at the home was especially good and supported people’s needs extremely well.

A wide range of activities were provided to support people which reflected people’s backgrounds, family life and particular likes and dislikes. The home actively supported charities with strong links to people living at the home. Staff worked diligently to ensure people had a good social network outside the home. People were supported and encouraged to make choices. There had been no complaints in the last 12 months but the home had received a number of complimentary comments.

People had detailed and wide ranging assessments of their needs and comprehensive care plans. Professional advice and guidance was incorporated into plans and actively put into practice. Care plans were reviewed on multiple levels to ensure they were current. Innovative approaches were trialled by staff. Core teams focussed on care and reviewed all aspects on a regular basis. The whole home team contributed to care reviews.

Is the service well-led?

Good

The service was well led.

A range of checks and audits were undertaken to ensure people’s care and the environment of the home were effectively monitored. Quality monitoring by the provider’s quality department showed the home was highly compliant with a number of quality indicators.

Staff, relatives and professionals talked positively about the support and leadership of the registered manager, who they described as supportive and willing to listen. Staff said they were happy working at the home and that there was a good staff team there.

Chibburn Court

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 and 29 October 2015 and was announced. The provider was given 48 hours' notice because the location was a care home for people with a learning disability and we wanted to ensure there would be someone at home.

The inspection team consisted of one inspector. This was because the location supports only up to three people and we were aware that the environment was their home. We did not want to distress people living at the home by visiting with a number of colleagues.

We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group immediately prior to the inspection to ascertain if they had any information relating to the home. These services did not raise any issues or concerns about the home. We spoke with a range of professionals who had involvement with the service, including two care managers, a speech and language therapist and a specialist in behaviour management and considered their responses as part of the inspection.

People living at the home were not always able to speak with us but indicated they were happy at the home. We also spoke with relatives for both people living at the home to obtain their views on the care and support their family members received. Additionally, we spoke with the registered manager, a senior support worker and three support workers.

We observed care and support being delivered in communal areas including the lounge and dining room. We inspected kitchen areas, the laundry, bath/ shower rooms, toilet areas and checked people's individual accommodation. We reviewed a range of documents and records including; three care records for people who used, or had used, the service, two medicine administration records, three records of staff employed at the home, complaints and compliment records, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

Relatives of people who lived at the home told us they felt people were safe at the home. Comments from relatives included; "She is definitely safe. When I leave her I know I have nothing to worry about" and "We feel she is safe and well looked after."

Staff told us they had received training with regard to safeguarding adults and records confirmed this. They were able to describe the main areas of concerns they would look for in relation to people potentially being at risk of abuse. They told us they would report any concerns to the registered manager. All staff said they had no concerns and had not witnessed any issues that were potentially a safeguarding matter. They were certain that if they did have any concerns these would be taken seriously and acted upon. The manager told us there had been no safeguarding issues or alerts in the last 12 months. The home had a safeguarding policy and procedure to follow in the event of any issues. Staff were aware the provider had a whistle blowing policy but said they had not had any need to invoke it. Deputyship arrangements were in place, meaning that the local authority oversaw the financial arrangements of both people living at the home.

We saw that risks associated with individual care and the wider environment were considered. People's care plans contained an analysis of the risks associated with each area of their care and how these risks would be managed. Wider risks were also considered, including those associated with the risk of fire and control of substances hazardous to health (COSHH). Staff confirmed that a manager or senior member of staff was available for support and advice 24 hours a day, seven days a week. This system was shared between the home and a sister location that was close by.

Checks on the premises and equipment were undertaken. These included regular checks on fire safety equipment, emergency lighting and smoke detectors. Regular checks were also carried out on the home's water system and water temperatures at each outlet around the home. A five year check on the home's fixed electrical system had been undertaken and portable appliance testing (PAT) had been carried out on small electrical items. Lifting equipment had been subject to regular Lifting Operations Lifting Equipment Regulations (LOLER) testing. Regular fire drills were also carried out and the home had a procedure for ensuring there was safe access to the premises during cold weather. People living at the home had personal emergency evacuation plans (PEEPs) in place to ensure they could be supported appropriately in an emergency.

The manager showed us the home's computer based system for recording accidents and incidents. She demonstrated how an incident was entered onto the system and how, depending on the issue, a range of other professionals were alerted. For example, if the incident recorded was a fall then the provider's occupational therapy department would receive notification of the incident. All the departments receiving the notification had opportunity to input advice or comment and contribute to an eventual action plan. The regional manager told us that she also received a copy of the notification and could track progress of any actions or recommendations. The manager and regional manager also told us they could interrogate the system to check for trends or concerns.

Relatives and professionals we spoke with all told us that there were enough staff available to support people's needs. The manager told us there were18 staff employed overall at the home, including herself, another senior worker and 16 support workers. She said the home looked to ensure that there were four staff on shift during the day and there were always two waking staff on duty during the night. The home worked closely with a sister home close by and occasionally staff from Chibburn Court would be needed to ensure safe staffing levels at the other home. If this situation did arise then additional staff were sought for Chibburn Court through the use of bank staff. Staff we spoke to told us they felt there were enough staff and it was extremely rare that there were only three staff on duty. They said the manager looked to avoid this as it restricted activities for people living at the home. One staff member told us, "It's a brilliant staff team; everyone gets on. If there is any time its short it is always covered." During the period of our inspection there were always four staff on duty.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to an application and interview process before starting work at the home. One staff member who had recently started working at the home

Good

Is the service safe?

told us they had received a detailed induction and had been given time to shadow other staff and learn about people's needs. This verified the registered provider had appropriate recruitment and vetting processes in place.

We examined the medicine administration records (MARs) for both people at the home. We found that these records were detailed and well maintained. The MARs contained detailed information about the type of medicine being given and the time it should be administered. There were no gaps in MAR records. There were plans in place for the use of "as required" medicines and "homely" remedies. "As required" medicines are those given only when needed, such as for pain relief. Homely remedies are items that could be purchased over the counter, such as cough linctus. We saw one person could be given medicines covertly, if necessary. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw that a best interest decision had been undertaken in relation to this and a protocol put in place for staff to follow. We noted that that giving medicines covertly was rare and staff always attempted to give the medicines openly, if at all possible.

Medicines at the home were stored appropriately and safely in a locked cupboard. All medicine packages had the date they were opened recorded on them. Regular checks and audits on medicines were undertaken. The manager described how a minor error in giving a medicine had prompted them to look at the procedure and they had revised the physical process for preparing medicines for administration in light of this review.

The home was clean and tidy. Staff had access to a range of equipment, including gloves and aprons, to use when providing personal care. Professionals we spoke with all said they found the home to always be tidy and well maintained. Relatives also told us the home was always clean. Comments from relatives included, "It's always immaculately clean" and "Clean and tidy? 100% yes."

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt the staff at the home had the right skills to support their family members. Comments included, "The staff know what to do; I have no quibble about the care" and "She really loves it there. They make it a home from home." Professionals we spoke with said that staff had good ability and were willing to develop new skills. Comments from professionals included, "Staff are very familiar with [name]. They are very skilled at providing support and following developed plans"; "I've no concerns about the staff's skills and I'm certain they would contact me if there were any issues" and "Staff have very good skills. They are very positive, very good and very committed."

The manager showed us the home's training matrix and demonstrated how training was monitored and updated. The matrix indicated when training was approaching the time it required to be updated and also any individuals where updating needed to be arranged. The home's quarterly quality assurance report showed that, with the exception of first aid at 94%, all mandatory training was 100% complete. Required training included; moving and handling, infection control, food hygiene and safe administration of medicines. Staff and the manager told us that the home had recently secured additional funding to undertake extended training in relation to autism.

Staff told us they had access to a range of training and were well supported to keep up to date with skills. They said they could request additional training and that this was generally supported by the manager. In addition to formal training staff said they had also received instruction in the past from the local behaviour support team, in how to best support people with their individual needs. Staff confirmed that they had regular supervision and appraisals. They said that supervision meetings took place monthly and that they could raise any issues that were of concern to them. We saw records of people's supervision meetings in their personal files. The homes quarterly quality monitoring records showed that 100% staff were up to date with supervision meetings and all staff eligible had been subject to a person development review (PDR). This meant proper arrangements were in place to ensure staff had access to regular supervision and ensure their work was reviewed in relation to delivering appropriate care.

Relatives and professionals told us they felt that staff went beyond what was normally expected and came in on days off, or sometimes did personal shopping for people on their days off. Staff told us that one person at the home had grown up with animals and so staff would sometimes bring their dogs to the home, which the person greatly enjoyed.

The manager confirmed that assessments and applications had been undertaken in relation to DoLS applications under the MCA. We saw documentation in people's care records and noted that notifications of DoLS being granted had been received by the Commission. We saw where people were unable to make significant decisions for themselves then best interests meetings and decisions had been undertaken. For example, we saw decisions had been made in relation to the use of covert medicines and where significant purchases were being considered. The manager also described two instances were discussions had taken place and best interests decisions taken about potential medical interventions. Some decisions, particularly those related to the use of bed rails and lap belts for use with wheelchairs, where there was a possibility of injury if action was not taken, were not recorded in detail, although comprehensive risk assessments had been undertaken. The manager said she would immediately revise the documentation to ensure it recorded the decisions effectively.

Relatives we spoke with said they were consulted about people's care and were able to advise staff about what their family member had liked or done in the past. Staff were aware of the need to gain consent on a day to day basis and we saw they frequently asked people questions about what they wanted or whether they were happy. One staff member said, "We talk to the ladies all the time. You try and engage them with your eyes and try and solicit a consent. You try and introduce a choice. They will offer a hand or give you a 'yes' or 'no', or nod or shake their head." Other staff commented, "They can indicate 'yes' and 'no.' They can make it known what they do and don't want" and "When she says 'no', she means 'no'."

People were supported to maintain good health through regular access to health professionals, review appointments, doctors' appointments and a range of other health related activities and assessments. We saw from care records that people attended hospital and outpatient

Good

Is the service effective?

appointments. The home was proactive in arranging appointments if there were any health concerns. Regular check-ups and monitoring appointments with local health services were also maintained.

People's care plans contained information about their needs in relation to food and fluid intake. Staff told us that they prepared and cooked the meals at the home and tried to offer people a range of food. We saw that, where necessary, people had received assessments from speech and language therapists about the type of foods they should be eating and this advice was being followed. We checked the food stores at the home and found there was a good range of fresh, dried, and frozen items available. Relatives told us the food at the home was good and staff tried to cater for people's likes and dislikes. One relative told us, "If she doesn't like what they've made they go out of their way to make her something else." Records also showed that people went out for meals, as part of an activity or for a social occasion with their families. People's food and fluid intake were monitored and recorded on their daily record. Advice was sought if there were any concerns.

The home was adapted to support people's particular needs. The home was a single storey building, with all areas accessible with a wheelchair. Access throughout the garden area was via a series of ramps and paved pathways. Access to the front door was via a ramped access. One bedroom had a hoist fixed to a ceiling track which allowed for a person to be moved directly from the bed to the bathroom. The manager said consideration was being given to converting the current ensuite facilities of the other two rooms into an updated and more accessible facility.

Good

Is the service caring?

Our findings

Relatives told us they felt the home was exceptionally caring. Comments from relatives included; "The staff are very nice and very kind"; "They look after her really well"; "I'd give it 100% for care. Ten out of ten for everything, staff, everything" and "It all seems so positive but it is true. I'm pleased you've asked. I've nothing bad to report about Chibburn Court. She is so well cared for; they go out of their way to make her happy." One professional told us, "The residents always seem happy and it all seems very interactive."

We spent time with people and observed how they reacted to staff and how they were supported. We saw there was always a member of staff available for people to interact with. Even when people were watching television, or engaged in an individual activity, a staff member was available and in sight of the person. Staff always included people in conversations and took time to ensure they could participate. Normal "family-like" activities took place; with staff sitting having a coffee with a person and chatting with them about family, what they had done recently and planning for Christmas. We saw people enjoyed this interaction and laughed and smiled greatly during these conversations. At meal times people and staff sat round the table together, sharing a meal and using the time to socialise, as well as eat. Staff ensured that people were included in conversations, as well as ensuring they had adequate food and drinks. One staff member told us, "We try and support them to communicate to the best of their ability." Another staff member said, "You get very attached to them. It is like a family. You get to know everything about them." This meant staff ensured people were always cared for and felt relaxed in their home.

Staff were able to talk in detail about one person who had been religious from a young age and attended church on a weekly basis. They told us that through the church she had a lot of friends or acquaintances, some of whom came to visit her at the home. They also talked about how she had recently changed to attending a church closer to the home. This was because the service times were better and fitted more with her personal routine; although they maintained contact with the previous church through attending special events. They told us how they had made sure she was accepted in the new church and arranged for her to be confirmed at the new church, as it was a different branch of the ministry to the one she had previously attended. They said she sat at the front of the congregation, so she could see what was going on, and enjoyed listening to the hymns. If there were occasions when she was unable to attend church, then staff made sure the person could watch a religious programme, such as "Songs of Praise", as an alternative. The person's care manager told us that attending church was import to them and staff had worked extremely hard to ensure this activity could be maintained. This meant the person's religious needs and interests were supported by the home.

Staff told us that people were involved in all aspects of the home. They said that they were invited to sit in on home meetings, providing there were no confidential issues being discussed, and were particularly welcome to participate in the core team meetings which reviewed their care, if they wished. Relatives told us they were always involved and kept up to date on progress or any changes to people's care. Comments from relatives included, "They keep me informed about everything that it going on. We often chat on the phone" and "The fill me in with what's going on. Any problems, they let me know."

People's wellbeing was maintained. We saw there were regular appointments with a range of health professionals and regular appointments with chiropodist, dentists and other health professionals.

The manager told us that no one at the home was currently supported through the use of an advocacy service. She said that both people had regular contact with family members who were able to advise staff on past likes or actions to aid future decisions. The manager and staff highlighted where they had advocated on behalf of individuals. The manager told us about a person, who no longer lived at the home, and a discussion with hospital staff about a decision whether or not to instigate a 'Do not attempt to resuscitate' (DNAR) decision. The manager told us she had underlined that the person had a good quality of life socially at the home and that this should be considered along with medical issues. She said that following these discussions a DNAR was not put in place. She also told us how she had asked for a decision to take monthly blood tests from a person be reconsidered, as the person concerned became distressed during such intervention. She said the move to monthly bloods being taken was further considered and reversed. A visiting professional told us, "They advocate for clients in matters of meeting their needs." This showed that

Good

Is the service caring?

the home advocated for people at the home during everyday events and significant activities and that the manager had carried out her legal duty in supporting the individual's humans rights.

People's privacy and dignity were respected. Staff were aware that people sometimes wished to be on their own. They also ensured that during delivery of personal care people's dignity was respected. We witnessed that staff ensured doors were closed to protect people. Staff also talked knowledgeably about the methods they employed to protect people's dignity during personal care. People were also supported and encouraged to maintain their independence. Staff told us that if the person went shopping they were encouraged to hold their own purse and were supported to pay for items themselves, to ensure they participated in the event as much as they could.

Staff talked in detail about the sad and unexpected death of a person who had lived at the home a few months prior to the inspection. They told us the person had lived at the home for many years and that they had been very involved in arrangements and led on arranging the person's funeral, including one staff member delivering the eulogy at the service. Staff said that both people currently living at the home had been supported to participate in the service. Staff had also arranged the scattering of the person's ashes, again involving people at the home, giving them an opportunity to say farewell. The home's compliments book contained a number of positive comments about the funeral service and the input of staff at the home from both visiting professionals and the minister involved with the service. One care manager told us that home had been deeply affected by the death and they had undertaken the funeral arrangements with considerable feeling. This demonstrated that the home and the staff had delivered special and personal end of life care.

Outstanding ☆

Is the service responsive?

Our findings

Relatives of people living at the home praised the service highly and told us the staff were exceptionally skilled and attuned to people's needs. They said they could visit the home any time and told us that their family members were being extremely well cared for. Comments included, "Chibburn Court is absolutely excellent. [Name] really loves it there; it's a home from home"; "The home organises everything; doctors' appointments and everything else. [Name] is looked after really, really well"; "Absolutely wonderful. Since being at Chibburn Court [name] has come on leaps and bounds"; "I can't say anything bad about the place. She smiles more than she has ever done before and I don't think I've ever seen her so happy." Relatives for both people living at the home had recently completed questionnaires about their experience of the service. All the responses to the questionnaire were overwhelmingly positive. One family had written, "Chibburn Court is a wonderful place. Its's nice to see her smiling when we visit."

Professionals we spoke with about the home said they felt the home provided an extremely good service and supported people's needs exceedingly well. One care manager told us, "The home know [name] very well. They respond to any changes; subtle changes that can make a difference to her. They are always responsive." Other professionals told us, "On a day to day basis [name] has improved and has a really good quality of life" and "They are always open to discussion and willing to implement suggestions or changes to care." We saw recorded in one person's annual review, undertaken by their care manager, in conjunction with their family, was written, "This is the best that [name] has been with her behaviour" and "Never seen her so settled and behaviour is much improved." This meant family members and professionals from outside the home recognised the work being undertaken was bringing benefits to people who lived there.

People had wide-ranging comprehensive assessments of their needs and detailed care plans. Where possible people had inputted into the assessments or their relatives had been involved in ascertaining preferences. Assessments covered an extensive range of areas to capture all facets of people's wellbeing including; dignity and respect, work and leisure, mental health, pain management, spiritual needs and other significant aspects of care needs.

Each assessment of need considered what the person could do "to support themselves", what "additional support staff would need to offer" and "how this support would be provided." For example, for one person's plan linked to communications staff were asked to support the person by encouraging them to speak and extend their vocabulary. Innovatively staff were looking to promote this through purchasing a Karaoke microphone, as the person liked to sing and they felt hearing themselves may encourage increased vocalisation. This showed staff invoked different methods to develop people's skills and abilities.

Care plans and risk assessments contained an exceptional level of personal detail on how staff should support the individual person. Risk assessments and care plans were clear, specific and followed advice from other professionals involved in care. For example, there was advice from behaviour support staff on how to manage potential refusal to eat a meal and from speech and language therapy (SALT) regarding diet. We saw this advice was incorporated into people's plans and observed this was also followed in practice, with meal presentation following the guidance provided by the SALT. This showed care plans covered a comprehensive range, encompassed advice and gave a holistic approach to care planning.

People's care was reviewed on multiple levels. Care plans were reviewed formally by a senior member of staff, on a monthly basis, to ensure they were still relevant and accurate. Additionally, each person also had a core care team, consisting of a senior staff member and seven or eight care workers, with meetings occurring monthly and often involving the person. The core team would consider any changes to the person's needs, recent activities and any significant action or events occurring in the coming month. They used this information to plan future activities. For example, one person, who liked to pick fruit from the garden, had been taken to pick strawberries but had not enjoyed this activity, potentially because of the different environment, and other activity options were then considered.

Additionally, people's care needs were discussed at wider home meetings. One meeting had considered in-depth a person's changing mobility needs. All staff had contributed to the discussion and an agreed plan developed. Reviews of this new plan were carried out by the core team. This showed a multi- faceted review of people's care to ensure that any significant changes were not overlooked.

Outstanding ☆

Is the service responsive?

People were involved in a wide range of individual activities based around their needs, background and interests. Staff trialled new and creative activities frequently to determine what people enjoyed. Weekly activities included; attending weekly sensory sessions, attending day services and more individualised events and trips out. One person enjoyed visiting a local village, because they had grown up there and it brought back memories for them. The person's relative confirmed this and said they were included in these activities, with the staff picking them up from their home, to make it a family trip out. A care manager told us, "It's a very person centred approach. They do a lot of things that are important to her." Additionally, the person attended a weekly tea dance. Staff and the care manager confirmed the person enjoyed this immensely and enjoyed being part of the event. The care manager told us, "The home help maintain lots of networks for [name]. These networks are important and part of being accepted into the local community." People from outside activities were invited to events at the home and often attended. Family members confirmed extensive involvement from families in events at the home.

A range of activities were centred on the home, such as craft activities, gardening and cooking. People were active in these undertakings, such as helping to make cakes or carrying out planting and weeding in the garden. The home had adopted two charities that were relevant or closely associated with each person. Events to raise money for these charities were undertaken and staff involved people in planning and preparation. A strawberry fayre had taken with the local community and people associated with the home invited. Fruit had been picked to make jam, which in turn had been sold at the fayre. The last two events had raised over £130 and £120 for the charities nominated. A person's care manager confirmed the nominated charity had a clear link to the person and felt they were supportive of the cause. Another care manager told us she visited on a fundraising day and said it was a very good event and which people had enjoyed. The manager and staff confirmed that staff members had given up days off to attend these events and brought their families. This showed activities offered to people were highly personalised and reflected their particular preferences and backgrounds.

A behaviour support therapist told us he had approached the home regarding improving people's positive life experiences. He said the home was very willing to participate and actively engaged in the project to gauge if increased use of activities reduced potentially negative behaviour. The project had proved successful and negative behaviour had decreased. Much of the project's success was down to the willingness of the staff to learn and adapt. He said the home ensured activities were very much individualised and all residents received equal opportunity to participate. He said staff had adapted from "doing" for people to "supporting" people to do more for themselves. He confirmed that the home continued to implement the lessons learned from the project. During our inspection both people were engaged in activities they seemed to enjoy, including one person spending time listening to music where she tapped her foot in time to the music and smiled profusely. Staffing levels were maintained at two staff per person to ensure that trips out and activities could be facilitated.

The manager told us she was currently assessing people to take up the home's vacancy. This required a detailed assessment to ensure the incoming person fitted with the existing people's personalities and needs. She said it was important to ensure that all the people living at the home got on together and felt comfortable with each other. This was foremost in her mind when considering new people. This indicated the home considered the needs of people living at the home, even if they could not directly express an opinion on a matter.

Choice was embedded into the ethos of the care provided and people were continuously supported in making selections throughout the day. Staff took time to communicate with people, by listening carefully and seeking clarification if they did not immediately understand what was being said. One person had indicated they did not want to attend a regular activity by saying no and shaking their head when asked if they were going out. There was a choice for food; with one person having a picture booklet to help them indicate what they would like. Choices were included in people's care plans with one person's preference to get up early and to sit in the lounge area with a drink noted. Additionally, the care plan indicated the person sometimes enjoyed a lie in, and we saw several daily record entries where the person had risen later. This showed people's individual preferences and daily choices were equally supported.

Information about how to make a complaint was available throughout the home. There had been no formal

Outstanding ☆

Is the service responsive?

complaints about the service in the last 12 months. The manager confirmed the intention was to deal with concerns early to avoid formal complaints. Relatives confirmed they had not raised any complaints or concerns. One relative told us, "I've got no reason to make a complaint; it's all very good." Professionals said they had no concerns about the service. A comments book available at the home contained a range of remarks from doctors, occupational therapists, care managers and visiting trades people about the homeliness, decoration, friendliness and overall positive atmosphere at the home.

Both people living at the home had regularly reviewed and updated hospital passports with information important to the person's well-being should they need to stay in hospital for treatment. A behaviour support worker told us he had worked with the home when people moved there from hospital. He said staff at the home had worked extremely hard to ensure the move went as smoothly as possible. He felt the move to the home had benefited both people and this was significantly down to the work of the staff and the manager.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. The registered manager was present and assisted us with the inspection.

Staff told us that the purpose of the service was to provide a homely atmosphere for the people living there. One professional we spoke with told us, "I am very happy with the care. They try hard to keep it a very person centred and a very homely environment." The manager told us, "The thing we strive for is to support [Names of people who used the service] and give them the best life we can and provide them with a range of activities." Several visitors had noted in the home's comments book regarding the homeliness of the building and the relaxed and happy atmosphere.

Families, staff and professionals were highly complementary about the registered manager and her influence on the atmosphere of the home and the care provided. Comments from relatives included, "(Registered manager) is such a lovely person; such a lovely girl. She is always there for you" and "We get on really well with (registered manager). She is very helpful, very good and always contacts us back." Professionals we spoke with commented, "(Registered manager) is very positive and leads staff well and is happy to take on board what you suggest"; "It's always struck me as a well organised and well run service"; "If I ever have any concerns there is always an open discussion and things are dealt with. I'm very happy with the approach" and "The place is managed very well. The communication is good and (registered manager) keeps me up to date."

Staff told us they felt well supported by the manager. Comments from staff included; "(Registered manager) is very nice; very approachable. You can go to her with anything and discuss anything"; (registered manager) is wonderful. A lovely manager. Very supportive and approachable" and "She's been very supportive and deals with any concerns."

Staff said they were happy working at the home and that there was a good staff team who supported one another. Comments from staff included; "It's a brilliant staff team. Everyone gets along. It's great. Much better than I've seen in other places" and "It always feels welcoming. It's a close knit staff group. Staff will come in on their days off."

Staff told us that there were regular staff meetings and that the manager encouraged staff to participate in these. They told us an agenda was put up a few weeks prior to the meetings and staff members were encouraged to add items to the agenda. They said that on occasions they were held away from the home, to allow as many staff as possible to attend, if bank staff were able to provide temporary cover. We saw a range of topic areas were discussed at these meetings including: specialist training, changes to the home environment, staffing rotas and any changes in individual care needs. Staff said that the manager encouraged their involvement and welcomed suggestions about how to improve individual care and the wider service provision. Comments from staff included, "She encourages everyone to come to the meetings" and "She listens to everyone's comments. She is very supportive of everyone and willing to try new things."

A professional we spoke with told us how he had approached the home about participating in a research project he was undertaking, looking at the effect of increased activity on behaviours. He told us the manager and the home had been very positive and collaborated fully with the project. He told us that the outcomes of the project had shown a positive correlation between increased social activity and a reduction in behaviour that may be challenging. He said that following the conclusion of the project the home had continued to offer a high level of activities to support positive behaviours. Comments from this person included; "(Registered Manager) was very positive and helped to lead the staff" and "There was active support from staff. It was a major change for some staff; a change in mind-set, but they were up for it."

The manager carried out a range of checks and audits on the home, including audits of medicine systems, care records and other systems and issues around the home. She told us she was required to complete regular reports for the provider's quality improvement team and received quarterly updates on the performance of the home. She showed us the most up to date copy of this report. We noted the report covered a range of areas including; staff sickness, return to work interviews which were at 86% completion, DBS checks (100% completion), care reviews

Good

Is the service well-led?

carried out (100%), accidents and incidents reported, complaints (zero) and compliments (ten) in the last quarter. The report also contained actions that were being undertaken, such as training licences being renewed to ensure staff could continue to access ELearning. The regional manager confirmed she also oversaw the reports and undertook monitoring visits to the home. Annual questionnaires were sent to family members for them to comment on the home. Returned questionnaires were extremely positive about the service.

The manager and staff talked positively about community links. They told us that neighbours to the home were invited to any events and had donated items for raffles held at these events. There was also an exchange of Christmas cards between the home and other homes in the cul de sac where the home was located. The manager said that both people were known in the wider community, where they visited local shops or local hairdressers.

Records at the home were up to date and stored securely. Care records were regularly reviewed and updated, although some archiving of older records was needed. Daily records were comprehensive and detailed all aspects of people's care and activities each day, including visits out or activities, health matters and food and fluid intake.