Mrs Ann E Gray

Coombe House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Coombe House is a residential care home which predominately provides nursing and personal care to older people. The service is registered to accommodate up to a maximum of 16 people. On the day of the inspection 16 people were living at the service. Some of the people at the time of our visit had physical health needs and some mental frailty due to a diagnosis of dementia.

Mrs Gray, the registered person for the service, is also the manager and was responsible for the day to day running of the service. 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. We have referred to Mrs Gray as the registered person throughout this report.

We carried out this unannounced inspection of Coombe house on the 19 November 2015. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and their mobility was supported appropriately.

Summary of findings

People told us staff were; “fantastic,” “caring,” and “marvellous.” They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives told us; “I live 20 miles away, there are a lot of care homes in those miles and this is the one which meets mums need. This is the right one.” They also said; “fantastic care,” “Staff genuinely care,” “We cannot fault the care, nothing is too much trouble” and staff were “Competent and professional.”

Relatives told us they felt their family members were cared for safely in the service. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People’s care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons likes, dislikes and interests. Relatives felt this gave staff a very good understanding of their family member and how they could care for them.

The service had been awarded the Level One Butterfly Service, Quality of Life National Award in 2015. The butterfly system aims to improve people’s safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. The services information stated; ‘We have no set routines anyone must follow, every day is different. Our residents can make choices, when to get up, when to go to bed, what to wear, where to sit, what to do to pass the time of day, where to eat meals, which visitors they do/ do not want to see, which daily newspaper they may like to read. The doors of our home are not locked and our beautiful gardens are there to enjoy.’

This philosophy was embedded in staff induction, meetings with managers (called supervision) and in their training. Staff were enthusiastic about this way of working and felt that people responded to this positively. Staff told us they were supported by managers.

The registered person and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to ensure decisions were made in the person’s best interests.

People’s care plans, identified their care and health needs in depth and how they wished to be supported by the service. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff. They were written in a manner that informed, guided and directed staff in how to approach and care for a person’s physical and emotional needs. People that used the service and their relatives told us they were invited and attended care plan review meetings and found these meetings really helpful.

Records showed staff had made referrals to relevant healthcare services quickly when changes to people’s health or wellbeing had been identified. Healthcare professionals told us that staff approached them with appropriate referrals, and that they worked well with staff to ensure that treatment was approached in a consistent manner.

People told us staff were very caring and looked after them well. Visitors told us; “Staff are fantastic.” We saw staff providing care to people in a calm and sensitive manner and at the person’s pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported. Peoples' privacy, dignity and independence were respected by staff**.** At this visit we joined people and staff for lunch. The food was as people and relatives described, ‘delicious’. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. We saw staff responded to people promptly and gave people time. Relatives commented staff were always available if they had any queries at any time. Staff felt there were always sufficient staff on duty.

We saw the service’s complaints procedure provided people with information on how to make a complaint. People and relatives told us they had, “No cause to make any complaints” and if they had any issues they felt able to address them with the management team.

Summary of findings

The registered person promoted a culture that was well led and centred on people's needs. People and their relatives told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences.

There was a management structure in the service which provided clear lines of responsibility and accountability.

There was a clear ethos at the service which was understood by all the staff. It was very important to all the staff and management at the service that people who lived there were supported to be as independent as possible and to live their life as they chose. The registered person had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

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?

Good

The service was safe. People felt safe living in the service and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered person and staff had a good understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

The registered person used creative steps to support people in their service and their families.

Is the service responsive?

Good

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to meaningful activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Good

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

Summary of findings

The registered person had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. The registered person led by example and expected all the staff to carry out their role to the same standard.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Coombe House Residential Home

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 registered person 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 19 November 2015. This was an unannounced inspection which meant the staff and registered person did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the home we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law. The registered person completed the provider information return (PIR). This is a document completed by the registered person with information about the performance of the service.

During the inspection we spoke with seven people who were able to express their views of living in the home and a visiting relative. We looked around the premises and observed care practices. We were invited to join people and staff for lunch plus undertook many observations throughout the day of how people approached staff and staff responses. This helped us understand the experience of people who could not talk with us.

The registered person and deputy manager were not present during this inspection visit. We spoke with the senior carer on duty and the health and safety representative. We also spoke to five care staff, the cook and joined the staff handover. During our visit we spoke with a healthcare professional and the community art therapist. Following our inspection visit we spoke with another relative. We looked at two records relating to the care of individuals, staff files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person commented; "I am safe here." Another said; "I'm happy here." Relatives told us they felt their family member was cared for safely. One commented; "Safe, absolutely." People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation. We saw positive relationships between people and staff had been developed.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. This showed that the service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the home.

Staff were aware of the services safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff were aware of this policy and said they felt able to use it.

Relatives felt there were enough staff on duty and they were always available if they had any queries at any time. Staff felt there were sufficient staffing levels at the service at all times and that if staff called in sick the team would "rally around and make sure everything is covered." Staffing rotas showed there were four carers plus a senior carer/manager on duty in the mornings as well as a carer who had responsibility for cooking and one for domestic tasks. In the afternoons this reduced to three carers and a manager, plus additional cover if needed. At night one member of staff slept in and one was awake. Staff rotas showed this level of staffing on duty throughout the week.

The senior carer explained that all staff are employed primarily as 'carers' but they may have responsibility for specific tasks. For example the cook is also a trained carer so they can move between the roles of caring and providing food for people as needed. This was also the case for the carer who had the responsibility for health and safety in the service. They explained they undertook some health and safety checks with people who liked to do this task with them and assist them. Carer staff also had responsibility for areas such as activities and infection control. The gardener was continuously learning about dementia so that they could support people when they are out and about in the garden. This meant they were aware when people might need some staff assistance. It also meant they could offer opportunities for people to help in the garden.

The senior carer explained that people's dependency levels were reviewed regularly with relevant commissioners and family. For example, one person was initially assessed as needing two staff members to support them at all times when they first moved into the service due to their heightened level of anxiety and concern for their and others safety. As the person became more settled staffing levels were reviewed and reduced to one staff member. Staff were pleased to tell us this had recently being reassessed and the person was now on 'line of sight' so that they no longer needed a staff member with them at all times. This showed that people's dependency levels were continually assessed and staffing levels were matched to meet current care needs.

Risks were identified and assessments of how any risks could be minimised were recorded. Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service. Staff supported people appropriately whilst moving around the home. We saw staff had received training in this area of care.

The registered person and staff investigated and reviewed incidents and accidents in the home. This included incidents regarding people's behaviour which challenged others.

We were not able to see staff recruitment files as the registered person and deputy managers were absent. However the senior carer assured us that all relevant recruitment checks were completed to show people were suitable and safe to work in a care environment. We spoke to a newly employed member of staff who also confirmed this.

Good

Is the service safe?

Medicines were stored in a locked cabinet in people's own rooms. Some medicines were stored in a locked cabinet in the main office, in particular medicines which required stricter controls. We saw the Medicines Administration Records (MAR), were completed as required. The medicines in the monitored dosage system and the medicines which required stricter controls tallied with those recorded on the MAR sheet/ controlled drug book as in stock. Some people took medicines 'as required' (PRN) and these medicines were appropriately managed.

People's care plans informed, guided and directed staff in how the person wished to receive their medicines. For example, if the person should take their medicines before or after eating and with a drink of water or juice. A recent community pharmacist inspection found that the service was administering, recording and storing medicines appropriately.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Good

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. Staff responded to their needs promptly and people said staff were; "Fantastic."

Relatives were complimentary about the staff, stating they were; "Marvellous" and found them to be; "Competent and professional." Relatives were involved in the admission process of their family member into the service. Staff ensured they found out as much information about their family member as possible during this time. This gave staff a good understanding of people new to the service and how they wanted to be cared for.

The service had implemented the national Butterfly System principles. The Butterfly System aims to improve people's safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. The service was assessed and gained the Level one Butterfly Service, Quality of Life National Award in August 2015. The services brochure stated 'We have no set routines anyone must follow, every day is different. Our residents can make choices, when to get up, when to go to bed, what to wear, where to sit, what to do to pass the time of day, where to eat meals, which visitors they do/ do not want to see, which daily newspaper they may like to read. The doors of our home are not locked and our beautiful gardens are there to enjoy.'

This philosophy was embedded in staff induction, meetings with managers (called supervision) and in their training. Staff were enthusiastic about this way of working and felt that people responded to this positively. Relatives also echoed this. One said; "I live 20 miles away, there are a lot of care homes in those miles and this is the one which meets Mums need."

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. A new member of staff had completed their induction and told us it was helpful and comprehensive. The induction programme had been reviewed to fit in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees would be required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care.

Staff attended meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. These meetings were held at the commencement of employment, monthly, then at six monthly intervals. However staff were able to request supervision at any time. Staff felt this was sufficient especially as they had bi monthly team meetings. Staff worked as a 'team' and direct observations of their work, combined with daily handovers allowed any work practise issues to be dealt with quickly. Staff also had an annual appraisal to review their work performance over the year.

Staff attended training relevant to their role and found it to be beneficial, comments included; "It's good there is lots of it." Some of the courses attended included: safeguarding, equality and diversity and manual handling. Staff said that the registered person supported them to attend specialist courses, such as tissue viability and stoma and catheter care. Some attended the national courses in respect of the Butterfly Scheme to ensure that their knowledge and skills remained up to date with recent guidance.

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. Some people living in the service had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever 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

Good

Is the service effective?

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service acted in accordance with legal requirements. Decisions had been made on a person's behalf and a decision had been made in their 'best interest'. Records confirmed that the registered person had made appropriate applications to the Cornwall Council DoLS team. For example best interest meetings had been held when a person needed constant supervision and monitoring. These meetings involved the person's family and appropriate health professionals. Once the level of supervision had reduced from two carers to no carers the service had contacted the DoLS team and notified them of the need to lift this restriction as the person was no longer being deprived of their liberty. This showed that the service continuously reviewed people's level of restriction and acted in accordance with legal requirements at all times.

Staff told us that the timing of lunch was served 'around 12.30pm' however it came at 1pm. People were fine with this relaxed timeframe. Some people did not want to eat at that time, as they wanted to go out and staff responded by saying that they would keep their dinner to one side for when they wanted to eat it. Two people were asleep and staff left them to rest, again ensuring that they would have their meal later. This was another example of how staff were implementing the philosophy of the Butterfly project and the services aims into their daily practice.

We were invited to join people and staff for lunch in the dining room. Lunch was a social occasion with people and staff sitting at the same table and talking about general everyday issues, and laughing in certain points of the conversations. Some people chose to eat their meals in the lounge areas or in their bedrooms. The meal was leisurely and people enjoyed their food. The stew and dumplings and freshly made bread was enjoyed by all. The bread was placed on serving dishes so people could help themselves and the stew was plated up in front of people. People were offered second helpings and one person accepted. Staff offered verbal discreet support to encourage people to eat their meals where needed. Staff offered people regular drinks throughout the day and we saw drinks were available close to where people were sitting.

Everyone we spoke with was complimentary about the variety and quality of the food and told us they had discussed with the catering staff their likes and dislikes so they were given meals they liked. One person told us; "I can wander into the kitchen and check what's to eat. If I want something else I can have it." People and relatives could not think of any improvements in the area of food. All comments were highly complementary about the quality and quantity of food provided. A relative said, "The food is five star, we even had fresh leaves picked from the garden and coated in chocolate and placed on our desert. It was marvellous."

The cook is also trained as a carer. She told us that she liked the kitchen being open for people to come and go freely. She explained that certain people helped her in the kitchen. For example (person's name 1) is the cake taster, as soon as she smells cake mix she is here. (Person's name 2) likes to help me get things ready to lay the table." The cook told us the kitchen was never not staffed as they were aware of the health and safety risks at all times especially when food is being prepared and cooked.

The cook had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, or diabetic diets. There was an appropriate budget to buy all foods needed. The cook talked with people about the menu to ensure the food prepared was to their liking. The cook prepared all lunches and teas, care staff prepared breakfasts. However when the cook started her shift she was willing and has cooked breakfasts for some people when requested. The Environmental Health Inspection awarded the service an excellent five star food safety rating in November 2015.

Staff made referrals to relevant healthcare services quickly when changes to people's health or wellbeing were identified, such as GP's dentists and opticians. An external healthcare professional told us they found staff to be pro-active in their approach and made appropriate referrals to them. They told us staff were; "Very knowledgeable about people's health needs", and they were confident any recommendations would be acted upon appropriately. Specific care plans, for example, diet and nutrition, informed and guided staff on how to provide specific care to the person. These care plans had been reviewed to ensure they remained up to date and reflected peoples current care needs.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Coombe House. Comments included, “I am looked after very well,” and “Staff are fantastic, caring, lovely.” People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included; "All staff are good, they give hugs and cuddles,” “Overall I would not want to move Mum the care is great” and “Care staff are superb, they care.” Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

A health care professional told us; “Staff provide very good care; they genuinely care and meet people’s needs.” The community art therapist stated; “What do they do different here, it’s the atmosphere. They respond to what people need to do at that time.”

Relatives told us they received care and support from care staff. They explained that as they visited the service regularly they had also built up relationships with other relatives and this was also supportive. Relatives felt involved in the service, and for example, had offered to help with a day trip out for some of the people at the service. The relative told us they felt they were able to; “Give something back to the home…. and we all had a great day out.” Relatives could not identify any areas where the service could improve on how they supported their family member or them. We saw a number of thank you cards from relatives all of which were highly complementary of the care and support the service provided to their family member.

Staff showed genuine care and concern for the people they supported and spoke of them fondly with affection. Staff comments included; “This is their home, we are the intruders and we do what they want” and “It makes such a difference when we see a smile,” and “I like to treat people as if they are my Mum or Dad, I like to give the person independence, respect and privacy.”

Staff recorded when they sought consent from people before providing care. We saw this happening when staff gave people a choice in what happened next, for example asking them where they wanted to go and sit and supporting them to their chosen place to rest. This also demonstrated that where possible people were involved in decisions about their daily living. Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer an excellent service to people.

We saw many examples of staff providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. For example a person was anxious and could not settle, the staff member walked with the person and talked to them, giving verbal reassurance. We then saw the person and staff member sat on the sofa with the person cuddled into the staff member in a quieter area of the service. The staff member appeared relaxed providing appropriate physical as well as emotional comfort which the person responded to happily.

People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. A male member of staff told us that if a person wanted a female carer this was respected and provided. Staff said it was important people were supported to retain their dignity and independence. As we were shown around the premises we observed staff knocked on people’s doors and asked if people would like to speak with us. People had been asked if they would like their bedrooms personalised. Their bedrooms had lots of personal belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they asked for assistance. Staff said “If someone wants a lie in, that’s fine, we respect that. We offer support when the person requests it.” For example, one person requested help with their personal care and staff approached the person sensitively and promptly. Staff ensured that the appropriate equipment was used to transfer the person safely from one place to another.

There were opportunities for staff to have one to one time with people and we saw this happening throughout our inspection. Staff had a clear understanding about the backgrounds of the people who lived at the service and knew their individual preferences, particularly about how

Good

Is the service caring?

they wished their care to be provided. For example we saw that some people had completed, with their families, a life story which covered the person's life history. . This gave staff the opportunity to understand a person's past and how it could impact on who they are today. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. For example one person liked to 'tinker' with old cars, and so one was brought to the service so that this could happen

The senior carer told us where a person did not have a family member to support them they had contacted advocacy services to ensure the person's voice was heard.

Good

Is the service responsive?

Our findings

Staff responded to people's calls for assistance promptly. People and relatives told us that staff were skilled in how to meet their needs. People who wished to move into the service had their needs assessed to ensure the service was able to meet both their needs and also their expectations. One person who had recently moved to the service had met with the registered person before using the service to ensure that it would be able to meet their needs Their relative was also asked for their views on what support the person needed. Following the person's admission they were invited, and attended, care plan review meetings. The relative said they found taking part in these meetings beneficial. The management team were knowledgeable about people's needs and made the decision about whether a new person should be offered a place at the service by balancing their needs with the needs of people already using the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. Life histories were completed by the person with assistance from their families and friends to provide useful information for the service when the person arrived.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People who were able, were asked to be involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members or other advocates in the review of their care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. The General Practitioner (GP) and Psychiatrist visits the service six monthly to review all the people living at Coombe House. This helped ensure that people's physical and emotional care needs were reviewed, as well as their medicines, on a regular basis. In addition the GP attended the service as required

A relative told us that when their family member first moved to the service they were not able to mobilise independently. After being at the service for six weeks the person was able to mobilise with their walking frame. The relatives were; "Delighted at Mums progress." The care plan was updated to reflect that the person now used a walking frame and no longer needed full assistance with all transfers. This showed that care plans were updated to reflect current care needs.

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. The care plan identified the triggers that may lead the person to become anxious, for example; 'Not responding to (person's name) when talking to her. She will then sigh and roll her eyes.' The response needed by staff was to 'be positive about what (person's name) is doing and explain to her her skills are needed elsewhere.' Staff were given guidance in how to 'distract' the person by asking the person for their assistance in doing household tasks, which they responded to. Staff said distraction techniques were used at the service and they have found people to respond positively and has lessened their anxiety. A health care professional reviewed this persons care and from the distraction techniques the staff used, and concluded; 'Staff have managed strategies to reduce the impact of (person's name) agitated behaviours.'

Care records reflected people's needs and wishes in relation to their social and emotional needs. One carer has the allocated responsibility of organising activities for 16 hours a week. A community art therapist visited the service two days a week. The community art therapist said; "We work together to look at ideas of how to get people more involved. But we are really guided by what the person wants to do." Currently people were involved in developing a collage of an autumnal theme, and also designing photo frames so that they could update the photos in the service. People were engaged in these activities during our visit. The family therapist also brings her young child to visit. The response from people to the child was positive and raised a lot of positive interaction and conversations. The service were also members of the Cinnamon Trust and pets visited the service. This too produced positive responses as

Good

Is the service responsive?

people were reminded of their pets or times when working with animals. The involvement of relatives was central to the operation of the service. Relatives told us they had taken people out for the day, with staff, and had enjoyed this.

Staff said; “Activities are provided at the time the persons needs it. It’s hard to structure it as you need to respond when the person is ready.” A part of the Butterfly Scheme philosophy was to have: “lots of clutter that people can fiddle with. They can pick it up take it with them and gain some enjoyment from it.” The service was full of items, such as art materials, buttons, materials, books and ornaments. Throughout the inspection people looked at the items dotted around the service and engaged in different ways with the objects and items around them. From this people appeared occupied and were content. Some people chose to sit quietly and this was respected. This showed that activities were delivered to meet people’s individual needs at times when they wanted to take part.

The service’s complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

People told us they would have no hesitation in raising issues with the registered person or staff. Relatives told us they felt the registered person was available and they would feel able to approach them, or staff with any concerns. No-one we spoke with had made a complaint. and everyone said they would feel confident to approach the service’s management or staff if they had any concerns.

Staff felt able to raise any concerns. They told us the management team were approachable and they would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or make suggestions to improve the service further.

Good

Is the service well-led?

Our findings

The registered person promoted a culture that was well led and was centred on meeting people's needs. People and their relatives told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, people made decisions about how to occupy their day and meal choices. Relatives had regular meetings with their family members and their named staff member. To ensure that the support provided met the persons current care needs.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered person worked in the service every day providing care and supporting staff. This helped ensure they were aware of the culture in the service at all times. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered person had overall responsibility for the service. A senior carer worked on each shift to provide support to the care staff. The registered person monitored the service. The registered person and deputy manager were accessible to staff at all times which included a manager always being available on call to support the service. Frequent discussions took place between the registered person and staff about any issues that affected the running of the service.

The registered person was able to demonstrate good management and leadership as there was management support available to staff at all levels. As well as the registered person there was also a deputy manager and senior carers in post. Regular meetings of the service management team were held. The senior carer told us these meetings were; "Open, transparent and honest" and were; "An opportunity to learn and share good practice."

There was effective communication between staff and the service's management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service, which was encouraged at supervision and staff meetings. Staff said there was a learning culture which allowed staff to be critical of the service at staff meetings so that valuable improvements could be made.

The registered person wanted to ensure that the service was up to date and followed current best practice. For example the registered person updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures.

The registered person had developed positive links with health care professionals. A health care professional told us they felt the service met people's needs in all of these areas with confidence.

Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. We observed a daily staff handover. We found that this provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff and the senior carer on duty. This helped ensure everyone who worked with people at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people.

The registered person made sure they were aware of any worries or concerns people, or their relatives might have and regularly sought out their views of the home. The registered person spoke daily with people, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. Staff told us they liked working at the service and found the registered person to be very approachable.

The service had a quality assurance system which included gathering views from people, relatives and stakeholders about the service. From our conversations with people, relatives and stakeholders they assured us their views were requested and any views shared were welcomed.

Good

Is the service well-led?

The registered person and staff investigated and reviewed incidents and accidents in the home. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised.

There were effective systems to monitor and check the performance of the service. These included comprehensive health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. We also saw records of regular checks of the staff duty roster, infection control and the cleanliness in the home. There was also regular monitoring of the service to ensure it was operating effectively and that people's needs were safely met.

The registered person and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. Areas where improvements could be made were identified so the service could better meet the needs and preferences of people. Action plans were devised where it was identified improvements could be made in service provision.