

Community Homes of Intensive Care and Education Limited

Hurst House

Inspection report

11 Pinetree Rise
Swindon
Wiltshire
SN25 3BY

Tel: 01793542093
Website: www.choicecaregroup.com

Date of inspection visit:
09 January 2020
14 January 2020

Date of publication:
26 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Hurst House is a residential care home providing personal care to adults living with learning disabilities and autism. The service can support up to 10 people and was fully occupied at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We received extremely positive feedback about the exceptional care and how the support people received positively impacted on their lives. People, relatives and professionals all were extremely positive about the caring and responsive approach of the staff. There was evidence that people achieved good care outcomes and we were provided with numerous examples of this.

People received exceptionally personalised care and support which met their needs, reflected their preferences and promoted their wellbeing. People's care and support had been planned and developed in partnership with them. People were regularly consulted about their views of the service. People were supported by staff who knew them very well. Staff were exceptionally skilled in understanding how to support people to maximise their communication and opportunities. People's independence and right to privacy were consistently respected. People and their relatives expressed they were very happy with the care and support people received. Staff spoke with passion about the people they supported, and were committed to deliver good care.

We found people were confident to approach staff for support and appeared relaxed around them. Relatives told us people were safe and our observations confirmed this. Staff understood the importance of safeguarding and were able to tell us what they would do if they had concerns about a person's wellbeing. There were sufficient staff with the skills and knowledge to give people the support they needed, at the right times. People received their medicines as prescribed from appropriately trained staff. The service was very well-maintained.

People were treated with dignity and respect and their independence was promoted. People and their relatives said staff were very kind and caring. There was a happy family atmosphere at the home. People were encouraged to retain and gain independence, for example by involvement in daily living tasks where possible. People were closely involved in the development and updating of their individual care plan and met with staff on a regular basis to discuss and agree any changes.

Staff were caring and friendly and supported people with kindness and compassion. Staff had an empowering attitude to support people's personal development, and each person was supported in a way that was individual to them. Staff received training to ensure they had the skills they needed to support people with complex needs. Staff were highly motivated to access training and told us that they were well supported.

People had complex needs and demonstrated behaviour that may challenge services. People received care that was based on best practice guidelines that met their individual needs and successfully reduced instances of incidents within the service. Comprehensive assessments were made before people began using the service. Staff communicated effectively with relevant professionals to ensure people received the healthcare support they required. Staff supported people to buy, prepare and cook food. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were highly motivated to access training and told us that they were well supported.

People, their relatives, and professionals felt the service was well run and commented on the positive approach of the management team. Staff told us they felt the registered manager was approachable and they felt valued. People, relatives and staff were given opportunities to share their views about the service. The provider carried out regular auditing to ensure the quality of care provided was good. There was a culture of continuous learning, which was driven by the management team.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our responsive findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hurst House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Hurst House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Although some people were unable to tell us about their experience of living at the home, we observed their interactions with staff. We spoke with the registered manager, four members of staff and five people living in the service. We reviewed five care and support plans, medication administration records, recruitment files,

staffing levels and records relating to the quality and safety monitoring of the service. At the end of the inspection we provided feedback to the registered manager

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives of people living at the service and six professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person told us, "I feel safe here".
- Relatives also told us they felt the service was safe. One person's relative said, "She is definitely safe with them".
- There were systems in place to help protect people from the risk of abuse. Staff were knowledgeable about what action they would take if abuse were suspected. Safeguarding concerns had been dealt with promptly and appropriately.

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place to offer guidance to staff about how to safely support people. For example, some people had been identified as being at risk of choking and there was information in place to guide staff on the texture of food they needed to keep them safe.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills. Staff could explain the process of how to safely support people in case of fire.
- Risks relating to the environment were assessed, and actions taken to ensure the environment remained safe.

Staffing and recruitment

- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- There were enough staff employed to meet people's needs at all times of the day and night. Staffing requirements were assessed according to people's individual needs. People were able to make suggestions about the staff they would like to support them, and the management team ensured that people and staff were closely matched.

Using medicines safely

- People received their medicines as prescribed. Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely.
- We sampled medicines administration records [MAR] and found these were completed in full with no evident errors or inaccuracies.
- There were clear protocols for the management of 'as and when' required PRN medicines which guided staff on the circumstances that they should be administered.

Preventing and controlling infection

- Staff received training in the management and control of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care.
- Staff helped people to understand about cleanliness within their home and supported people to live in a clean environment.

Learning lessons when things go wrong

- The registered manager used learning from accident and incidents and ensured people's care plans were reviewed to help prevent further occurrences. Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed before their care commenced to ensure that the service could meet people's needs.
- Where people displayed behaviours which may challenge, their needs were assessed and guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.
- The registered manager liaised with social workers, doctors and other healthcare professionals involved in their care to identify their physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Staff received training to ensure that they had the skills they needed to support people. The training included areas specific to people's needs and covered areas such as epilepsy and schizophrenia. Staff were supported to undertake additional qualifications such as vocational qualifications.
- New staff received an induction to prepare them for the role. This included a period of shadowing and training. One member of staff told us that they shadowed their colleagues for almost a month before working independently. Staff new to the care sector completed the Care Certificate which is a nationally recognised qualification for staff working in social care.
- Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Where people had specific dietary requirements this was documented in their care plan.
- People were supported to make choices about the food they wanted to eat. They were shown photographs of meals to help them choose. Daily notes provided evidence of the choices people had been offered and the foods they had chosen. People were supported to shop for the ingredients, and to prepare meals as far as they were able.
- Details of what people had eaten was recorded and reviewed. People's weight was monitored, and staff understood the risks relating to food for some individuals. They were clear about the guidance in care plans from health professionals such as the speech and language service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed. Care records detailed people's ongoing involvement of GPs and other specialist

healthcare professionals.

- People had 'Traffic Light Hospital Assessments', so key information was available if a hospital visit was needed. We saw the Traffic Light Hospital Assessments contained all relevant medical information including people's behaviours.
- A health care professional told us, "I find this service very good. They have made very proactive plans and adjustments to ensure they can continue to support my client in the best possible way. They keep me well informed of developments and always act on recommendations I make at reviews. I find staff knowledgeable and professional and the service well managed with good documentation and records."

Adapting service, design, decoration to meet people's needs

- Staff involved people in the decorating and updating of their living environment. For example, people chose the wall colours, their bedrooms decorations and furniture for the home.
- We saw the provider had adapted the environment to meet specific needs of people. For example, needs of people with reduced mobility.
- Information in form of communication boards, pictures and Makaton was displayed in communal areas. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.

Ensuring consent to care and treatment in line with law and 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Best interest decisions were in place for areas such as the delivery of personal care and the administration of medicines.
- Staff had completed training in MCA and were clear about best interests and how to support people with decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.
- People who were subjected to DoLS had approved DoLS authorisations in their files. Where people were waiting for their DoLS to be authorised there was an evidence of the service regularly checking progress of the DoLS applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- The service used innovative ways of involving each individual in their care and support plans so they were fully consulted, empowered, listened to and valued. For example, one person was involved in recording a video training around fire awareness for staff. The person provided staff with a step by step instruction on what to do in case of fire alarm and how to evacuate them safely. The person told us this was important to them to know staff were able to evacuate them on time, taking their reduced mobility into consideration. The person told us, "I feel safer knowing staff were watching this. I am looking forward to another project, perhaps another training video." The person told us they felt proud they contributed to increased safety awareness amongst staff and told us they really enjoyed making the training video. Staff told us the video was very informative and provided them with more knowledge than traditional fire awareness training. A member of staff told us, "I think that fire evacuation video was fantastic."
- Staff excelled in supporting people to pursue their interests. One person was supported to enter a gardening competition organised by the provider. The person designed the layout of the garden, garden ornaments and a bird bath. This was an important step for the person which introduced them to more independent living and provided them with an opportunity to express themselves through gardening. As a result, the person's health and well-being improved greatly resulting in positive changes in their behaviour. The person was previously at risk of self-neglect after their previous care arrangements broke down and the way they were empowered now had completely changed the life of the person. The person's relative told us, "She is much happier since moving to Hurst House. She is an incredibly lucky person."
- We saw evidence that all people across the organisation were involved in assessing the quality of care and introducing changes. The provider introduced 'Expert Auditor Visits' where people visited sister homes providing feedback on the quality of care, cleanliness, state of the premises and caring attitude of staff. The expert auditor from a sister service praised staff working at Hurst House stating "[Staff] is a good listener. I got well with all staff. They have good sense of humour and are good in making people laugh." The person added at the end of the quality visit report, "I go home feeling I made a difference." Similarly, a person from Hurst House went as an expert auditor to visit another service. This meant people were actively involved and acted as experts in their field in order to improve the quality of life of other people from other services.
- There were further numerous examples of how people were empowered to take an active role and be fully involved in making decisions about the way they were supported. Another person told us they were involved in service users' committee meetings. The person told us, "We can discuss things that are important to us. At the last meeting we discussed things like bullying and safeguarding. It is important for us to know what to do if things are getting wrong."
- The staff went the extra mile for people and their relatives to encourage them to spend their time together.

For example, one person's relative had mobility difficulties and they were unable to travel or to use public transport. The service hired a specially adapted car to enable the person to visit their relative. This meant that the person's emotional needs were met and they could meet their relative they had not seen for a very long time.

- Staff had built trusting and meaningful relationships with people using the service and their families. This helped maintain good communication between the service and relatives. Our observations on the day of the inspection confirmed there was a warm, 'family like' atmosphere at the service and people were relaxed and comfortable with staff.
- People had been involved and were consulted about their care plans. Each care plan instructed staff to complete tasks exactly as people wished. This helped to relieve people's anxieties around routines and inconsistencies in the care provided, and enabled staff to provide highly responsive, adaptable support to meet the person's needs.
- All staff positively welcomed the involvement of advocacy. Advocates are to represent people where there is no one independent of services, such as a family member or friend able to represent the person. One person's advocate told us, "My experiences of Hurst House are really positive, the care team are extremely knowledgeable about the residents and care immensely. The staff team are approachable and welcome myself and colleagues presence as independent advocates in the home. I find the care and support plans to be very person centred."

Respecting and promoting people's privacy, dignity and independence

- Staff gave us numerous examples of how they made sure they maintained people's privacy when supporting them with personal care. People had access to private space when they needed it.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff cared for individuals in a way that exceeded expectations. One person told us, "I love it here." Another person told us, "I do like living here. There are good homes and bad homes and this is a really good." One person's relatives told us, "They are absolutely, totally fantastic."
- One person's relative told us that staff visited the person voluntarily in their previous place in their free time to see what the person might need at Hurst House. This had a huge impact on the person due to their condition and proved to be successful as the transition went smoothly. A relative of the person told us, "I am always impressed by friendliness of the staff. They are a very caring bunch of people. They visited her in their own time in a bungalow to check what she may need before moving to Hurst House. They really went beyond their call of duty."
- Staff were trained in equality and diversity and the provider had relevant policies in place to help protect people and staff from discrimination. A member of staff told us, "We treat everybody the same, we are all individual".
- The staff team demonstrated passion and commitment to help people overcome communication barriers and lead more active and fulfilling lives. Staff had identified an area they were interested in and became 'champions' in that subject. For example, there was a Makaton champion who shared their knowledge of the Makaton language programme with staff on how to communicate with people who are unable to communicate verbally. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs and preferences continued to be central to the planning and delivery of care and support. Without exception staff used individual ways to involve people in planning their care which helped building trusting relationships.
- People continued to receive care which was extremely person-centred and responsive to their needs. For example, one person's mobility deteriorated. This meant the environment could become unsuitable for their needs. This caused the person a lot of anxiety and they repeatedly stated that they did not want to live anywhere else as Hurst House was their home. The person with assistance of staff drew plans for a person-centred bespoke bedroom and wet room. The person had an active role throughout the project in choosing the layout, design and decoration for their new bedroom and en-suite which met their needs. This included colour schemes, where the person wanted their bedroom furniture, at what height their new toilet and sink would be and exactly where the person wanted their hand rails. The renewed bedroom and wet room were designed to reduce the risk of injury in case of a fall. It provided easy access for emergency services and new patio door and ramps had been incorporated in the design. The person was able to continue to live in the service which they considered to be their home. The person told us, "I am very happy to continue living here. Previously staff had to call an ambulance. The ambulance crew struggled in my bedroom so my bedroom was renewed and I feel safer now. I have my own telephone and 'doorbell' so I can call for help if I need to."
- In another example, a person had been unable to control the environment they lived in, which also had had a negative impact on others living in the home. Before being admitted to Hurst House, the person would block access to the communal parts of the home to other people living there. As a result, a few previous placements proved to be unsuitable for the person. At the previous placement the person was also at risk of self-neglect and spent months without having personal care, going out into the community or doing things for themselves. Since they moved to an annexe at Hurst House, their life has completely changed. With positive staff support the person was doing lots of things which included, looking after their annexe and garden, domestic chores, participating in activities and attending social events. Staff had worked with the person to find out exactly what was important to them and gave them the freedom to live their life as they wanted to. The impact of this on the person's negative behaviours was huge and led to a decrease in the behaviour that may challenge. We observed the person was not only performing daily living tasks and attended activities, but also invited other people to their annex for tea and coffee.
- We saw records that confirmed that due to the person-centred care and responsiveness of staff behavioural medicines administered when required (PRN) had continued to decrease. For example, in 2014 there were 86 occasions when PRN behavioural medicines had to be administered to people living at Hurst House. In 2019 this figure had continued to reduce and on only four occasions did PRN behavioural

medicines have to be administered. Following consultation with a GP, three people had their PRN behavioural medicines discontinued. This had had a huge impact on the quality of people's lives. They became happier, had as much control over their lives as possible and were able to do what they wanted to do when they wanted to do it. People knew that they would be kept free from harm, get their needs met and get the support they needed timely from proactive staff.

- The service had an innovative approach to using technology. People were involved in decisions about how such technology was or could be used. For example, people used door alarms, a sensor mat and a phone with large print buttons that had been designed to make them easier to use. We saw evidence of further assistive technology being ordered. For example, the service ordered a tipping kettle and an electronic wander reminder for a person living with dementia. The reminder devices incorporate a motion sensor. A message can be recorded on the device which can be placed near a doorway. The motion detector senses movement when the door is approached and plays the pre-recorded message. The registered manager planned to record the person's favourite member of staff to remind the person not to go to other people rooms and not to leave the house at night.
- People's care records were detailed and informative. They provided information to staff on people's personal histories, cultural backgrounds, needs and on what was important to people as well as what they enjoyed.
- Visiting professionals told us that the service was focused on providing person-centred care and support, and achieves exceptional results. One professional told us, "They have made very proactive plans and adjustments to ensure they can continue to support my client in the best possible way." Another professional told us, "[Person] has always praised the service for supporting her with her day to day activities and to access activities of her choice."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service demonstrated a thorough approach to planning and coordinating people's care, with arrangements fully reflecting individuals' circumstances. Staff were committed to working collaboratively with people's relatives and external services to deliver care and support to people. For example, one person was at risk of getting distressed if they did not know what activities they were going to attend at certain times. This person had poor eyesight and would not be able to read any information provided to them. The service used an adapted clock with large coloured numbers together with pictures on an activity board to show the person what was planned for them to reduce their anxiety levels. We saw staff assisted the distressed person to use the clock with the activity board, which had a huge impact on the person calming them down.
- Activity boards were on display for each person, with pictures and photographs they preferred and had personal association with. All staff received training in the methods of communication people used. This helped them to support people more effectively. The Makaton champion displayed a different Makaton sign every week so staff could learn it and use it in communication with people.
- When providing feedback to us during our inspection people used different methods of communication. Some people used social stories and their diaries to show us their achievements, their plans and their favourite activities. People were involved in making a monthly newsletter which they enjoyed having displayed on the wall by the activities board so everyone could see it. This gave people a sense of accomplishment and belonging to a wider community. For example some people referred to old newsletters about people from Hurst House raising money for a charity following a coffee morning whereby they invited all their friends from other provider's homes to attend.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff enriched people's lives through meaningful activities that enhanced their quality of life. For example, staff found activities for a person living with dementia that allowed them to access community without any distress. The person had never attended activities such as a dementia café, dementia cinema and dementia theatre. These activities were sourced by their keyworker. This means the person could socialise with other people without feeling socially isolated. Since they had begun dementia friendly activities, the person became very happy and positive. The person was able to lead a full and active life again what was very important to them. The person told us, "I love it here. We go to skittles, social club, fitness exercises, dementia cinema and dementia café."
- People who had previously struggled to go out were now able to access the local community with staff's support. This helped to improve their mental health and well-being. For example, a person had never gone for a day trip before moving to Hurst House. We saw evidence that since moving to the service, the person's well-being improved so they started visiting their family on a regular basis. This person was at risk of obesity and their weight was brought down through fitness and healthy eating.
- One person was supported to undertake their voluntary job. This gave the person the feeling of self-worth and they were able to socialise with their friends and felt included. The person received small payment for their work and they decided on how to spend their money. Another person's wish was to be able to play piano regardless of their specific condition. This was accommodated by the service and the person was provided with one to one piano lessons. Following the piano lessons, the person participated in a talent show organised by the provider.

Improving care quality in response to complaints or concerns

- Where possible, people were given information about the complaints procedure in a format suited to their individual needs. Relatives also knew how to raise a complaint on their behalf.
- The home had a complaints policy and process which the registered manager monitored to identify any learning. The registered manager welcomed complaints as an opportunity to learn and enhance the experience for people.
- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- People's wishes in relation to their end of life care and funeral were recorded in their care plans. The end of life care plans were in an easy to read format and people made choices regarding their funeral. They decided if they would like to be buried or cremated, what music they would like to be played at the funeral or what they would want men and women to be wearing at their funeral.
- People were supported through bereavement. For example, one person missed their relative who had passed away. The service supported the person in making a memory box with pictures and items relating to their relative. On the anniversary of the relative's death, the person let off a balloon to honour their relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, deputy manager and assistant manager promoted a positive, open culture. A member of staff told us, "I definitely feel supported. We are like one big family and [the registered manager] is amazing. I know I can always pick up the phone and talk to her."
- The values of the service were embedded into the care people received. People were supported to live good lives and the ethos was person-centred, so that each person was treated as an individual.
- Staff told us they felt listened to and that the management team were approachable. Staff told us they worked as a team to deliver high standards for the benefit of people using the service. A member of staff told us, "Everything is about our service users not about staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The registered manager was aware of what incidents needed to be reported to the CQC or the local authority and contacted external health and social care professionals when advice was needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Leadership at the service had a clear vision of how they wanted the service to be and put people at the centre of what they did.
- The service had a registered manager in post. They had in-depth knowledge about people living at the home and made sure they kept staff updated about any changes in people's needs. People's relatives and staff praised the registered manager.
- The management team had a clear action plan, which included any concerns or areas for improvement identified through audits. The provider also had systems in place to review incidents or concerns to ensure appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via telephone. Other ways of gaining feedback from people and relatives were by surveys and regular reviews.
- People had keyworkers who met with them each month to review all aspects of their health and personal care needs. Care plans were reviewed, also with involvement of people and their relatives. The review meetings were also an opportunity for people to have their say about the service.
- Staff were consulted about the service through regular supervision sessions and team meetings. Recent minutes of team meetings showed a range of topics were covered including safeguarding, staff changes, company values and updates on needs of people.

Working in partnership with others; Continuous learning and improving care

- Staff worked with health and social care professionals to make sure people received joined up care which met their needs. Professionals consistently provided us with a positive feedback on the service.
- Staff worked alongside people's relatives to understand people's life histories and personal experiences. Relatives spoke positively about the staff team and felt well informed about their family members care and support.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.