

Ms Sarah Storey







Hylton House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 23 June 2015 and was unannounced. At the last inspection on 18 October 2013 we found the service was meeting the regulations we looked at.

Hylton House is a small care home which provides personal care, support and accommodation for a maximum of six adults. People using the service have learning disabilities, physical disabilities and/or sensory impairment. There were five people living at the home at the time of our inspection. The service also provided a respite service, to a sixth person who uses the service some weekends.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives, visitors and health and social care professionals all told us people were safe at Hylton House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew

Summary of findings

how and when to report their concerns if they suspected someone was at risk of abuse. The provider had a formal procedure in place for staff to follow to ensure concerns were reported to the appropriate person.

There were appropriate plans in place to ensure identified risks to people were minimised. Staff had access to appropriate guidance and knew how to minimise identified risks in order to keep people safe from injury or harm in the home and community. Managers ensured regular maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of obstacles so that people could move freely and safely around.

There were enough suitable staff to care for and support people. Managers continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service. They carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff felt very well supported by managers and were provided with many opportunities to share their views and ideas about how people's experiences could be improved. Staff were motivated, enthusiastic and told us they enjoyed working at the home.

People experienced outstanding care. People's feedback about the service universally praised the care and kindness shown by staff towards not only people living in the home but to their relatives and others that visited the home. We observed many instances of warm, kind and gentle interactions between people and staff in which people's needs, wishes and choices were always respected. Staff's priorities were clearly focussed on ensuring that people's care and support needs were met and they had an excellent understanding and awareness of how to do this. This included 'going the extra mile' as one visitor to the home described to us. The way staff supported people during the inspection was always kind, thoughtful and caring.

Staff treated people with great respect. Staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand. Staff knew how to ensure that people received care and support in a

dignified way and which maintained their privacy at all times. Staff also positively supported people, where appropriate, to retain as much control and independence as possible, when carrying out activities and tasks.

People were supported to keep healthy and well. Staff ensured people were able to access other healthcare services quickly when this was needed. Staff worked proactively with healthcare professionals to ensure people got the care and support they needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Support plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. Support plans gave guidance and instructions to staff on how people's needs should be met. Staff ensured that people, their relatives, advocate and other relevant healthcare professionals were all actively involved in making decisions about their care and support needs. These were discussed and reviewed with people regularly.

People told us the home was always open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. Relatives and visitors said they would feel comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints, appropriately.

Managers demonstrated good leadership. All of the people we spoke with commonly referred to managers as 'excellent', 'approachable' and 'supportive' and that this was the reason why people experienced good quality care. They proactively sought the views of people, relatives, visitors, staff and other healthcare professionals about how the care and support people received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

The provider and managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced.

Summary of findings

Managers took appropriate action to make changes and improvements when this was needed. Managers used learning from incidents and inspections to identify how the service could be improved. They worked proactively with healthcare professionals to share and learn best practice so that the quality of care and support people experienced was continuously improved.

Managers had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. Staff knew how to recognise the signs that could indicate people were at risk of abuse. They also knew how to report any concerns they had, to ensure people were appropriately protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the home and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff received regular training and support to ensure they could meet people's needs. Managers knew what their responsibilities were in relation to the MCA 2005 and DoLS.

Staff involved people, their relatives, advocates and other relevant professionals to make decisions about their care and support. When specific complex decisions had to be made these were taken in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Good



Is the service caring?

The service was caring. Staff showed great care, kindness and respect towards people using the service. The feedback we received from people reinforced this view. During the inspection we saw many examples and instances where staff always supported people in a caring, kind and thoughtful way. Staff were clearly motivated and enthusiastic about ensuring people received the care and support they needed.

Staff always ensured that information was communicated in a way that people could understand. Staff encouraged and supported people's participation in activities and events so that people were not excluded.

Staff always respected people's dignity and right to privacy. They knew how to maintain people's privacy and dignity particularly when they were providing them with care and support. People were supported by staff to retain as much control and independence as they could particularly when undertaking activities and tasks.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and support plans were in place which set out how these should be met by staff. Support plans reflected people's individual choices and preferences for how they received care and support.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

Good



Summary of findings

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

The service was well led. People's views about the quality of care and support they experienced, were sought. Managers acted on people's suggestions for improvements.

Managers demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by Managers.

The provider and managers carried out regular checks to monitor the safety and quality of the service. Managers used learning from incidents and inspections to identify ways the service could be improved. They also worked proactively with others to share and learn from best practice.

Good



Hylton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 23 June 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection people using the service were unable to share their experiences with us due to their complex

needs and ability to communicate verbally. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the deputy manager, the provider, four care support workers and two visitors from a registered charity, which works with people with a learning disability, who were at the home on the day of our inspection. We looked at records which included two people's care records, four staff files and other records relating to the management of the service.

After the visit we spoke with two relatives, an advocate for some of the people living at the home, a social care professional from the local authority and two healthcare professionals who worked closely with the home. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

People were safe at Hylton House. A relative told us, “I wasn’t sure at first but the staff take full responsibility for [family member] so now I feel [family member] is safe.” Another relative said, “I think [family member] is happy and safe there.” Regular visitors to the service spoke positively about the home on the day of our inspection. One told us, “People here always look really well and cared for.” An advocate for some of the people living at the home told us they regularly visited the home and from records they reviewed and from conversations they had with staff they felt assured people were safe.

Staff knew how to protect people from the risk of abuse, neglect or harm. They had received regular training in how to safeguard adults at risk. Staff talked to us about actions they would take to ensure people were protected. This included being alert and aware of signs that could indicate someone may be at risk and the steps they would take to protect them. The provider had a policy and procedures in place which set out the action staff should take to report a concern. This was displayed on the staff noticeboard along with contact numbers of people and organisations to report their concerns to. Staff said they would follow the procedures and report their concerns to the registered manager or to another appropriate authority such as the local council.

Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised about an individual, the home’s managers had taken appropriate action to investigate and report this to the local authority. An action plan had been developed following the investigation which had been closely monitored and reviewed by managers to ensure that the individual was protected from the risks of the incident reoccurring.

People living at the home had a wide range of complex medical and healthcare needs which posed risks to their health, safety and welfare. The service took appropriate steps to ensure risks to people were minimised. This included seeking guidance and support from specialists and professionals outside of the home. A healthcare professional that worked closely with the home said about staff, “If they had any concerns about an individual they will always ask for assistance.” Records showed staff continuously reviewed how people’s individual

circumstances and needs put them at risk of injury and harm in the home and community. There were plans in place which instructed staff on how to minimise these risks when providing people with care and support. For example, staff needed to use hoists when providing people support with aspects of their personal care. There was detailed guidance for staff on how to do this to in such a way as to ensure people were kept safe.

Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from the risk of injury and harm. For example, a care support worker told us how for one person they ensured the home was free from objects that could present a choking risk to them. Where new risks had been identified people’s records were updated so that staff had access to up to date information about how to ensure people were appropriately protected. We saw where a person had recently moved in, their records had been regularly updated by staff with information about new risks that had presented themselves as they settled in to the home.

Records also showed there were plans in place for staff to follow on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment for each person from which a personalised plan had been developed in how that person should be evacuated from the home as safely as possible. The service also had a business continuity plan in the event of emergencies which set out how people would be protected and cared for, should a major incident at the home occur.

There were enough suitable staff to care for and support people. The staffing rota for the service had been planned in advance and took account of the level of care and support people required in the home and community, each day. When people took part in activities or attended appointments outside of the home there were enough staff on duty to ensure people were supported to do this safely. The deputy manager told us staffing levels were reviewed and amended if the level of support people required changed. We saw a recent example of this where a new person had moved in to the home. Managers had reviewed the numbers of staff available to support people and as a result increased the number of staff at night time to ensure

Is the service safe?

there were always enough staff on duty to support people when they needed assistance. We observed during the inspection, throughout the day staff were visibly present and supporting people promptly when needed.

Robust checks were undertaken by the provider to ensure staff were suitable and fit to work at the home. Records showed pre-employment checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. These were stored safely in a lockable cupboard. Records showed there was detailed information for staff about the medicines that had been prescribed to people and their side effects. Known allergies had been documented. There were instructions for staff on how to ensure people received their medicines in a way that suited them. For example one person preferred to take this with yoghurt to make it easier to swallow. Another person preferred to take their medicines in liquid form as they did not like tablets. There was appropriate guidance for staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain.

Each person had their own medicines administration record (MAR sheet) and staff signed this record each time medicines had been given. We found no recording errors on any of the MAR sheets we looked at. Where medicines had not been given the reasons for this were clearly documented. Each person's medicines was stored separately from others so that the risk of staff administering medicines to the wrong person was minimised. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the home and the equipment within it had been undertaken. Records showed regular checks and servicing was undertaken of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, the lift and gas and heating systems. Equipment in the home such as hoists, the adapted bath and people's individual wheelchairs had also been regularly serviced and maintained. We observed the environment was kept free of obstacles and hazards which enabled people to move around the home safely.

Is the service effective?

Our findings

Staff received training and support to enable them to meet people's needs. A regular visitor to the home said, "The managers are very encouraging and they are supporting and training staff." A healthcare professional told us they had recommended the home to local social services teams when they were looking for homes for people with complex needs. They said, "Staff are committed, knowledgeable and willing to give you information. The home is very open to learning." Staff had access to opportunities to attend training that was relevant to their roles. We saw managers monitored and reviewed staff's training and development needs and had arranged for staff to attend courses to meet these. As part of the assessment of people's needs prior to moving in to the home, managers arranged for staff to attend additional training to meet people's specific needs if this was required. Recent examples of this included arranging for staff to attend training in peg feeding and supporting people living with dementia. Records showed staff had attended training in topics and areas appropriate to their work. Staff confirmed this with us. One care support worker said, "Training is regular and we also get refresher training. The dementia training we had was really helpful." Records showed managers monitored when staff were due to receive refresher updates to keep their knowledge and skills up to date.

Staff were appropriately supported by managers. Records showed staff received regular support from managers through individual one to one meetings and team meetings. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. Staff confirmed they had regular meetings with managers and felt well supported by them.

Staff had a good understanding and awareness of people's capacity to consent and to make decisions about their care and support. People's records showed this information was obtained by managers through assessment and review of people's care and support needs. This gave staff information about people's level of understanding and ability to consent to the care and support they needed. Due to the complexity of people's communication needs, we observed staff used different ways to communicate with people to involve them in making decisions. We saw one example where a member of staff supported one person to

touch and feel an object which they associated with taking a drink. Through this association they could agree or not that they wanted a drink. As people using the service were unable to make complex decisions about specific aspects of their care and support, for example where they may need medical treatment, best interests meetings had been held with their relatives or advocate and other healthcare professionals involved in their lives to ensure appropriate decisions were made.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. Managers had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff ensured people ate and drank sufficient amounts to meet their needs. A healthcare professional told us, "The food they prepare is fantastic. There's lots of variety and they experiment with new tastes and flavours." Each person had an individualised eating and drinking plan which had been developed by staff with support from specialists such as dysphagia dietitians, where this was appropriate. Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all. This enabled staff to ensure people received appropriate nutrition and plenty of drinks to ensure they stay hydrated. A healthcare professional told us staff were proactive in making immediate referrals if they had concerns about someone's food and drink intake. They told us how they had recently worked closely with the service to support one individual who was having difficulty with their food intake and staff had been open to suggestions and feedback from them about how this could be improved. They also told us staff were good at providing information to them when they needed this, to enable them to offer the appropriate support. People's eating and drinking plans contained instructions and guidance on how to support people to eat and drink in a safe way. The service had created laminated individualised placemats for each person which had their

Is the service effective?

photo on the front and their eating and drinking plan on the back. This meant staff had easy access to information and guidance they needed when supporting people to eat and drink.

We observed during the evening meal people needed assistance and support to help them eat and drink. Staff provided this in a way that was unhurried, relaxed yet respectful. Staff ensured they were seated in such a way that they could maintain good eye contact with people and give their full attention when they were supporting people to eat and drink. They explained to people what the meal was and they observed the signs and gestures people made to understand whether people wished to eat and drink. Records showed staff monitored people's food and drink intake to ensure they were eating and drinking enough. People's weights were monitored on a monthly basis to ensure they were maintaining a healthy weight. Where there were concerns about people's food and drink intake we noted staff had taken prompt action to involve the appropriate healthcare professionals to seek specialist advice and support. Where this was provided, we saw staff made the changes and improvements suggested.

People were supported by staff to maintain their physical, emotional and mental health. A relative told us, "[Family member] gets the care they need and you can see how much happier they are now they've settled in. [Family member] is so much calmer." People's records contained

important information about the support they needed to access healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented. People also had a current hospital passport. This was important as this contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Regular visitors to the home told us how they had seen the positive improvements to people's health and wellbeing following prompt intervention from staff when they had become concerned about an individual. Relatives told us they were kept updated and informed about any changes to their family members' health and wellbeing. Records showed staff recorded and monitored daily, information about people's general health and wellbeing. Where there was a concern about an individual we noted prompt action was taken by staff to ensure these were discussed with managers and the appropriate support from healthcare professionals, such as the GP, was obtained. Outcomes from these referrals to professionals were documented. If these resulted in changes to the way care and support was provided this information was communicated promptly by managers to all staff to ensure they were aware of the appropriate support people needed.

Is the service caring?

Our findings

People we asked for feedback about the service were overwhelmingly positive, complimentary and enthusiastic about the care, kindness and respect shown by staff. A relative said, “This is a genuinely caring home. . . .nothing can compare to it. I feel [family member] is really looked after.” They told us how staff had supported them in a kind and caring way when their family member had first moved into the home as they knew how difficult this had been for them. Another relative said, “I feel lucky that [family member] lives here. The staff are brilliant and tell me everything that [family member] has been up to and how they are.”

A visitor to the home on the day of our inspection told us, “This is one of the best homes we come to. The staff are so focussed on the residents and there is a real sense of inclusiveness.” Another visitor said, “They go the extra mile. You can feel the warmth between staff and residents. The residents look so well cared for and that has got to be down to the caring nature of the staff.” Another regular visitor to the home told us they regarded the home “highly”. They said “The interaction [between staff and people] is respectful and person centred.” They told us when staff spoke about the service they always referred to this as “peoples’ home”.

A social care professional from the local authority told us, “You just know these people really care.” Healthcare professionals who worked closely with the home told us they felt people who lived here had a good quality of life and experienced very good quality care. One said, “It’s definitely caring. The clients always come first.” They also said Hylton House was a home they had recommended to local social services teams looking for homes for people with a range of complex needs.

During the inspection we observed interactions between people and staff. People were comfortable and relaxed in the presence of staff. Staff supported people in a caring way. For example the majority of people using the service were dependent on the use of a wheelchair. When staff had to move people in their wheelchairs, they always made sure to tell people they would be doing this so that they knew what was going to happen to them. Staff were clearly motivated and during the day approached activities in an energetic and inclusive way by making sure everybody could be involved if they wished to. For example, during an

afternoon activity they ensured people knew this was taking place, gave them information about what to expect from the activity and then encouraged and supported people to be as engaged as they wanted to be. This was done with enthusiasm, warmth and kindness and we saw people were clearly enjoying the activity. During activities and interactions staff always checked how people were to ensure they were not in any discomfort.

As people had complex communication needs we saw staff used different ways to enable people to be as involved as they could be in what happened to them. For example staff used objects and items that people could touch and feel, to communicate information. In one instance staff gave a person a coat to touch and feel. Staff explained this let them know that they were about to leave the home for an activity or appointment. Staff always spoke about people in a warm and caring way. All the staff told us their priority was putting people first at all times to ensure they received the support they needed. It was clear from our discussions with staff they knew the people they supported very well including their life histories, their likes and dislikes and whether they were happy, upset or unwell. A regular visitor to the home told us, “People’s needs and likes are very well understood.” They told us how staff had arranged for an ice cream truck to come to the home as a birthday treat for one of the people using the service who particularly liked ice cream.

The service ensured people could be actively involved in making decisions about their care and support. Each person had their own keyworker and through one to one sessions, staff ensured that people were given information in a format that was accessible to them based on their specific individual needs. Some of the people using the service had an advocate. The advocate told us “The managers make sure they always speak to people and include them. They encourage and support the staff to be the ears and sensors of people, and they are.”

Staff ensured people’s right to privacy and dignity was upheld. We observed when people needed privacy they were given the space and time they needed in their room. Staff always asked for people’s permission before entering their rooms. When people did not give this, this was respected by staff. Staff demonstrated good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way. Staff told us

Is the service caring?

about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when staff were supporting people with their personal care.

Staff treated people with respect at all times. Throughout the day we saw staff always spoke with people respectfully, with warmth and kindness. In all our discussions with staff they spoke about people fondly yet respectfully. One care support worker said "I try and respect people. I always communicate with people. I explain the actions I am going to take and I tell people what's going on."

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We observed staff did not discuss personal information about people openly.

Although the majority of people using the service were highly dependent on the care and support they received from staff with day to day activities and tasks, staff still encouraged people to be as independent as they could be. Records showed prompts and guidance for staff, where this was appropriate on how to promote people's independence. We saw one example of this where one person, unable to use traditional cups and plates, was provided with an adaptive cup and plate which were easier to pick up, hold and use. This enabled them to drink and eat with minimal assistance from staff.

Staff ensured the home was warm and welcoming to visitors. People told us there were no restrictions on them visiting the home. A relative said, "I come every week and they [staff] are so lovely and always good to me." They told us they were encouraged by staff to visit whenever they wanted. Visitors and healthcare professionals told us staff was always very welcoming when they came to the home. One said, "They are respectful of us and respect the time and space needed for people to engage with us with no interruptions."

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. An advocate for some of the people living in the home told us managers ensured people were always included in discussions about their care and support. Records showed people attended meetings along with family members, their advocate and/or other healthcare professionals involved in their lives to discuss and plan how care and support should be provided to them. Information from these discussions was used to develop a detailed support plan for each person which set out how their specific care and support needs should be met by staff. These plans were person centred, focussed on people's priorities and aspirations for their care and welfare and reflected their specific likes and dislikes for how this should be provided. Managers ensured all staff read and understood people's support plans so that they knew how to care for and support people. Records showed staff had signed people's records to confirm these had been read.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker who was responsible for meeting with people regularly to discuss their needs and to identify any changes that were needed to the support they received. Staff ensured information was shared promptly with managers particularly where changes to people's needs were identified. A formal annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, advocate, staff and other relevant healthcare professionals involved in their care.

People were supported to pursue activities and interests that were important to them. A regular visitor to the home said staff were "Always looking for new things to stimulate people." A healthcare professional who worked closely with the home told us, "No-one is restricted to their room. I always see different activities going on." On the day of our inspection two visitors from a registered charity were spending time with all of the people in the home in an activity designed to support and enable people to find ways to express and communicate with others around them. The home also had a dedicated member of staff whose role was to create, plan and co-ordinate activities for

people living in the home. Regular planned activities included music sessions, gardening sessions, arts and crafts, cookery, bingo, sensory sessions with massage and oils and movie nights.

Each person also had a personalised weekly timetable of planned activities they would be undertaking at home and in the community. These reflected their specific likes and dislikes. Staff told us they ensured people were encouraged to participate and be included in activities as much as they could be. One care support worker told us when people went bowling, although one person was not physically able to roll a bowling bowl, staff let them touch and feel the ball before this was rolled by staff on their behalf, so that people could feel included in the activity. People were supported by staff to undertake outings and trips away from the home. For example we saw preparations were being made for some of the people to go on holiday, with support from staff.

People were supported to maintain relationships with those that mattered to them. Relatives told us staff encouraged regular contact and visits with their family members. One relative told us how this was very important to them as their family member had recently moved in and this gave them reassurance that they were being cared for properly. Relatives and visitors to the home told us they were often invited to attend celebratory events at the home such as birthday parties.

People were satisfied with the care and support provided by the service. A relative told us, "They are very good. I have no complaints at all." Another said, "I cannot fault the service at all." Relatives told us if they had any concerns or issues they would feel confident and comfortable raising these with managers and staff. Visitors to the home told us managers were quick to respond to any concerns or issues and dealt with these promptly.

Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service.

Is the service well-led?

Our findings

All of the people we asked for feedback about the home told us the home was well managed. A relative said, “Managers are excellent.” Another told us, “The management is good, and good to me.” A regular visitor to the home said, “I think people who live there are extremely fortunate to live in a service that is so well managed.” One healthcare professional that worked closely with the home said, “It’s very well led and the managers are always available for information and advice.” Another said, “The managers are very open to new ideas.” A social care professional from the local authority described the management of the home as “open” and “enthusiastic”.

Managers ensured there was an open and transparent culture within the service in which people were encouraged to share their views and ideas for how the care and support people experienced could be improved. A regular visitor told us, “The managers are quite open and don’t get defensive when you may need to speak to them about something. They don’t see this as criticism of what they are doing.” Healthcare professionals told us staff worked with them proactively when planning people’s care and support, were willing to listen and made improvements when these had been suggested.

Records showed people using the service were supported to share their views as much as they could, through regular meetings with the staff. Staff used information from these meetings to plan activities and trips that met with people’s preferences. For example staff were making preparations to take people on a holiday. People’s annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs.

The service formally sought the views of relatives, visitors and healthcare professionals involved in people's care and support through questionnaires. People were encouraged to give ideas and suggestions for improvements. We looked at a sample of completed questionnaires and everyone we saw was positive about the care and support people received. Staff’s views about the service and suggestions for improvements were routinely sought through staff surveys. We noted managers had responded to staff suggestions for improvements by developing an action plan which set out how these would be met. Managers

regularly reviewed and monitored the action plan to ensure these actions were being met. Staff told us managers made sure all staff had opportunities to share their views about the service.

Managers demonstrated good leadership in the home. Staff were supported and encouraged by managers to ensure their priorities were about putting people first. Relatives said staff were always focused on ensuring that their family member’s needs were being met. Visitors and professionals told us managers and staff worked together cohesively and in a way which was focussed on meeting people’s care and support needs. Records showed there were regular staff meetings in which managers and staff discussed the care and support people experienced and how this could be continuously improved. Staff told us they felt well supported by managers and able to express their views. From our discussions with all staff, it was clear that staff were people focused and had a good understanding and awareness of their priorities and objectives for ensuring that not only did people receive the care and support they needed but that this was provided to a high quality standard.

The provider and managers carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified prompt action was taken by managers and staff to deal with these in an appropriate way. For example following a provider check of the external environment, managers had appointed a new gardener to ensure this was kept clean and tidy.

Managers used learning from incidents and inspections to identify opportunities to continuously improve the quality of service people experienced. Following the last CQC inspection of the home, although the home was found to be meeting all the regulations that we looked, managers still used the inspection report and the experience of inspection to identify changes or improvements that could be made to improve the overall quality. For example, managers identified that staff knowledge and understanding of infection control and cleanliness could be

Is the service well-led?

improved and had arranged refresher training for all staff. Reports and findings from contract monitoring visits undertaken by the local authority were discussed and shared by managers with all staff. Following an incident involving medicines administration, managers took appropriate action to not only resolve the issues raised but also used this as an opportunity to review and test current management arrangements to ensure these were robust and appropriate.

Managers worked proactively with other healthcare professionals to improve their knowledge, learning and

understanding of how to care for and support people. For example, the deputy manager was a dysphagia champion and attended meetings with local community healthcare professionals to share and discuss good practice, new ideas and any new learning. The deputy manager told us, as the dysphagia champion for the home, they ensured staff were appropriately trained and up to date with best practice, research and guidance for how to support people living with dysphagia.