

W McGuinness and J Bishop

Adisham House

Inspection report

Pond Hill
Adisham
Canterbury
Kent
CT3 3LH

Tel: 01304840170

Date of inspection visit:
19 May 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 19 May 2016 and was unannounced.

Adisham House is registered to provide accommodation and personal care for up to ten people. People living at the service had a range of learning disabilities. Some people had physical disabilities and occasionally required support with behaviours which challenged.

Downstairs there was a lounge, conservatory, kitchen and dining room. There was also three bedrooms and a wet room which was utilised by people whose mobility had recently declined. There were six further bedrooms on two additional floors and two bathrooms (one on each floor.) At the time of the inspection there were nine people living at the service.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

The service had been run by the same family for over thirty years. People and their relatives repeatedly told us that they thought the service was "fantastic" and "there is no where else I'd want my family member to be." Most people living at the service had lived there a long time. There was a small stable staff team who knew people well. Staff were kind and caring and people consistently fed back that they were extremely happy living at the service. People were treated with respect and dignity at all times.

People were encouraged to be as independent as possible. Staff had researched innovative and creative ways of helping people access the activities they wanted to. People were involved in writing their support plans and associated risk assessments. Several people's mobility was declining due to their healthcare needs and they had been supported to remain as independent as possible. When people moved to the service there had been obvious improvements to their quality of life, such as a reduction in medication and the ability to do new things. People were actively involved in writing their support plans and risk assessments. They identified goals to work towards and these were consistently met.

There had been no complaints about the service in the past year. There were regular residents meetings where people could share their views on the service. One person was supported to write up the minutes of the meetings so they were easy to understand. Relatives were regularly surveyed to ask for their feedback. One relative told us, "I get their surveys and I have never put anything but excellent."

People said they felt safe. Potential risks had been identified and recorded and there was clear guidance in place to help manage them. Staff carried out regular health and safety checks to the premises and equipment to ensure they were safe and working properly. Regular fire drills occurred to ensure people and staff knew what to do in an emergency.

There was a safeguarding policy in place which outlined different types of abuse and what to do if staff had any concerns. This policy did not currently contain the three new categories of abuse listed in the Care Act 2014. The registered manager said they would update this immediately. Staff knew how to recognise and respond to different types of abuse.

There was enough staff to support people at all times. Staffing levels were flexible depending on people's needs and what they were doing each day. All of the appropriate recruitment and safety checks had been completed before staff were able to start work. Medicines were stored appropriately. People received their medicines when they needed it and were encouraged to be as independent as possible when taking it.

Staff had received training to ensure they could support people effectively. People's healthcare needs varied greatly and they were supported to retain their independence by doing exercises and using aids and adaptations as necessary. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. People were supported to eat healthily. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and supported people to make their own choices. People signed their care plans, giving consent to their care. People were able to come and go as they pleased.

The registered manager ensured that the quality of care was high and carried out regular audits. Staff told us that the service was well led and that the management team were very supportive. People and their relatives both said they felt the service was "home" and had a "family" feel. People were fully involved in the running of the service and all participated in cooking cleaning and gardening.

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.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage them. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

Staff had received training and knew how to recognise and respond to different types of abuse.

Staffing levels were flexible and varied depending on what people were doing day to day. People were involved in recruiting staff and staff were recruited safely.

Medicines were managed safely. People were encouraged to be as independent as possible with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training, support and supervision to support people effectively.

People were supported to make important decisions about their lives and were able to come and go as they pleased.

People were supported to prepare and eat wholesome and nutritious food.

Some people had declining healthcare needs and were supported to see all the relevant healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives consistently commented on the kind and caring nature of staff. Most people had lived at the service a

long time and were supported by a small stable staff team who knew people well.

People were treated with dignity and respect and were encouraged to be as independent as possible.

People felt at home. They decorated their rooms to their personal preferences and helped to keep their home clean and tidy.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff suggested innovative ways of supporting people to access the activities they wanted to. People were supported to go hot air ballooning and to a local spa.

People were actively involved in writing their support plans and risk assessments. They identified goals to work towards and these were consistently met.

People played a key role in the local community, attending church regularly and participating in events at the local school.

People were actively encouraged to give their views and their feedback was valued. Regular residents meetings were held and one person wrote the minutes up to ensure they were easy to understand for everyone.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team. They described them as, "Easy to talk to" and said, "They get stuff done."

Staff were aware of the vision of the service – to provide a home for life. People, relatives and staff all commented on the homely, family atmosphere of the service.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed people and their relatives to gain feedback.

Adisham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 May 2016 and was unannounced. It was carried out by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the head of care. We spoke with two additional members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We spoke with five people who lived at the service. We observed how people were supported and the activities they were engaged in.

After the inspection we spoke with three relatives and one healthcare professional via telephone to gain their feedback.

We last inspected Adisham House on 7 December 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Adisham House. One person said, "I know I'm safe, the only time I don't is when the fire bell rings, but I know when it's tested so I know not to worry." Another person said, "I feel safe when I go out if staff are with me."

The provider had a policy in place regarding safeguarding adults and how to recognise and respond to different types of abuse. However, this policy had not been updated since the introduction of the Care Act 2014 and did not contain the three new categories of abuse listed within it. The registered manager acknowledged that this needed updating and said they would change it immediately.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Information about how to report any concerns was available at the service for all staff to refer to. Staff told us they would report any concerns to the registered manager or the provider. Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of them happening again.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and emotional distress. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. One person, who had lived at the service for many years had experienced a recent decline in their mobility. This person's bedroom had been on the first floor. Staff had sought guidance on the best way for this person to get up and down stairs and on and off the stair lift safely. The person was still finding this difficult so they agreed to move to a downstairs bedroom. The risks regarding the person falling and what action to take to minimise this were clearly documented in their care plan. The person told us they felt safer and were happier with a ground floor bedroom.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

People said that staff were there when they needed them. One person told us "The staff here are lovely, they are always around. Staff are here at night and they always come if I call them." Two people told us they had lived at Adisham House for over thirty years, they said that the staff knew them well and that they would not like to live anywhere else.

Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up

and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. One to one staff support was provided when people needed it, one person told us "When we go to the zoo, they get extra staff to come."

The registered manager and senior staff shared an on call system so were available out of hours to give advice and support. They lived very close to the service and had attended within minutes when they were last called on out of hours. The staff team was quite small and they had all been working at the service for some time so they knew people well. Sickness levels and staff turnover was low but if staff were unavailable the rest of the team covered the shortfall. The registered manager worked alongside the staff team, including at weekends to support and mentor them.

People had an obvious affection for staff. There were very natural and respectful exchanges and conversations with people by staff and staff anticipated people's needs and wishes. For example, staff noticed that one person was becoming anxious so they talked to the person and encouraged them to help them in the kitchen. The staff member spoke calmly and kindly and reassured the person who appeared less anxious. The person started to dry the dishes and told us "I like doing this."

People were involved in recruiting new staff so they could have a say about who might support them. People told us that they always met potential staff before they were employed. Prospective staff were invited to tea so that people could meet them and they had a trial day at the service. The registered manager said "We all sit down together after a person's trial day and have a chat about them." The registered manager listened to and acted on people's feedback about prospective staff and had not employed anyone who people were not positive about.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people.

Medicines were stored securely and at the correct temperature. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. At the time of the inspection there were no medicines that needed special storage; however, staff had an awareness of the specific requirements relating to their storage and administration.

People were supported to be as independent as possible when taking their medicines. One person's support plan stated they "self-medicated when using cream," another person was encouraged to add their prescribed bath oil themselves, when bathing. Until recently one person had been in charge of their own medicines, but they had stopped as they were finding it too stressful. This person told us, "I'm glad they give me my tablets now, as I kept dropping them."

The registered manager carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records (MARs) were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when basis (PRN) for pain relief. There was guidance in the medicine file on when this should be administered. A recent audit by the pharmacy confirmed that there were no issues relating to medicines at the service.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People told us that they thought the staff were well trained, one person said "The staff know me very well and I know them, they help me". Another person said "The staff are very good, (staff member) keeps an eye on me, she takes me out, she keeps my care plan up to date with me, and if I go to the doctors she writes it all out for me."

There was an ongoing programme of training which included face to face training and in house training. The registered manager said they were keen for staff to attend externally organised training courses so they could meet up with staff from other services to share ideas for better practice. Fire awareness training was held at the service so everyone could take part in a drill. People told us that they had been part of the fire training and they knew how to evacuate in an emergency.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. One staff member told us "Within the last few years a few people have developed dementia. We've had training on what to look out for and how to deal with it." Each staff member had a personal development plan. Training was prioritised for staff based on their individual plans and reviewed to check that staff had the skills they needed. Staff completed competency assessments to test what they learned from the training. Further training was then arranged for staff that may need it.

New staff completed an induction during a three month probation period. The induction included covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. Staff attended face to face training during their induction period and worked closely with other staff until they were signed off as competent. Staff told us, "I was placed with a senior member of staff and I shadowed them." The registered manager agreed to look at the new care certificate for staff, as recommended by Skills for Care, to enhance the existing induction training.

People were involved in inducting new staff. People, and other staff members, were asked for their views about new staff's performance and their contribution at the end of the three month probation period. Staff were given feedback at regular one to one meetings with a line manager. These meetings were also used to give staff coaching and support. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had received training on MCA and spoke confidently about people's capacity to make decisions. One staff member said, "We try not to treat people any differently. We give them as much choice as possible." No one was currently subject to a DoLS authorisation as there were no restrictions imposed on people and people were able to make day to day decisions about their lives. People were able to come and go as they pleased. One person had needed medical treatment. They told us that staff talked to them about the procedure and gave them information about it in a way they could understand. They said this helped them to know what to expect and to make a decision about the treatment. The person told us they were having further treatment and 'knew what to expect this time.'

People were encouraged to be as involved as possible in making their food and drink. One staff member said, "(x) does cooking with me, putting salt and pepper in and stuff." People were given a choice about what they wanted to eat. People were asked individually what they would like to eat at lunch time. The evening meal was written on a board in the kitchen so people knew what they would be having. There was also a pictorial menu showing people different options such as corned beef hash and chicken ceaser salad if people did not want to eat the main meal on offer. One person's support plan said they disliked liver and tomatoes and the person confirmed this. They said that they always had an alternative like an omelette.

People visibly enjoyed their lunch time meal and the atmosphere was relaxed, with people chatting to staff and each other. One person required one to one supervision whilst eating and staff did this in a discrete manner, not intruding on the conversation between people at the table.

One person required a soft diet due to their swallowing difficulties and there was detailed information about this in their support plan. They had been referred to a speech and language therapist to ensure they received the appropriate support. All of the information on what the person could and could not eat was also kept in the kitchen so it was to hand when people were cooking and preparing meals. Staff recorded what this person ate to make sure they were eating enough and they were weighed regularly to check their weight remained stable.

People were supported to live healthy and full lives. The registered manager told us that several people's health was declining, but that it was important for them to remain at the service for as long as possible. They said, "We all decided we would do extra training for health issues, like chest physio, to make sure that people could remain here when their health got worse."

People were supported to manage a variety of conditions affecting their mobility such as muscular dystrophy, osteoporosis and arthritis. There was detailed information in people's support plans on how to support them with this and about what they could and could not do safely. Prompt referrals had been made to professionals such as physiotherapists and occupational therapists to ensure that staff had up to date advice and guidance on how to support people effectively. People were supported to do regular exercises and had a variety of assistive devices including walking frames and wheelchairs to ensure they remained as independent as possible.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person said, "The doctor comes here to check us over. If I have any problems I go to the doctors." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person said, "I came here for one night and I loved it, I didn't want to leave." Another person said, "I have lived here for over 30 years, I know everybody and I am happy here. I would not like to live anywhere else." Relatives told us, "I find it excellent, the best thing since sliced bread" and, "I can't think of anything I am unhappy with and I don't know of any where better for my relative."

People had been living at the service for many years and there was a stable staff team who had worked there for a long time. Staff had built up strong relationships with people and knew them extremely well. There was a feeling of equality with everyone involved in the cooking and cleaning and various activities. Everyone had good things to say about the staff and everyone said they liked the staff.

Support plans contained detailed information about people's likes and dislikes. One person's said they liked drawing, word searches and the television programme 'Top Gear.' They invited us into their bedroom and showed us their selection of Top Gear DVD's. Staff supported people's hobbies and interests.

Staff knew people well and how to communicate with them effectively. One person spoke very quickly and their care plan said that they should be asked to slow down when speaking. When they returned from a trip out they were very excited and we saw staff encourage them to speak slowly in a sensitive and kind way. Another person had communication needs so they pointed and used gestures to make their needs know. Staff interacted with people in a positive and reassuring way.

Family and friends could visit people whenever they wanted to. A staff member told us, "Certain residents phone their families, we encourage them to make cards and write letters." Two people were supported to use electronic tablets to keep in touch with their families. One person told us "I keep in touch with my family with my electronic tablet; I use email and face time. I saw the film of my relative's wedding on my tablet, I have my own tablet and staff helped me to put music on it." Staff said that due to this person's communication needs they were putting things in place now, such as the tablet, to make sure they were able to keep in touch with their family going forward.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. One person had come to stay at the service for a short period and had not wanted to leave. The registered manager had ensured they had access to an advocate to help them speak about their decision and they were able to move to the service permanently.

One person had been anxious whilst travelling, and was unable to sit in the front of the car as they distracted the driver. Staff told us about the creative strategies they had put in place to ease those anxieties, including giving the person an Indian head massage in the car, to relax them. They were now able to sit wherever they liked in the car and staff said, "We went on holiday and they were able to travel no problems." The person told us, "I go out in the car now. I don't mind it. I go out for dinner."

People received the right care and support when their needs changed. There was a communication book which was used to update staff about any changes to people's health and care needs. Staff said, "We're a team here, we've got the communication" and "There's good communication and nothing is too much trouble for the registered manager."

People were encouraged to be as independent as possible and helped to keep their home clean and tidy. Staff told us, "Earlier the towel drawer upstairs was really messy and I just asked people if they would come and help me tidy it up." People had a sense of ownership over these tasks and were proud that they contributed in this way. One person said, "I have a bath in the morning and then I'll clean it afterwards using a cloth to make sure it's nice and clean." Another person said, "I help around the house, I try and help with the washing up."

Staff used creative means to retain the skills which people had. One person was encouraged to take a picture of the apple tree in garden each day to create a collage. This encouraged them to walk and get out of the house even though their mobility was declining. Staff said, "We needed to keep them walking so it encouraged them to go outside each day."

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

People were encouraged to personalise their bedrooms, one person was keen to show us their room and said "Come and look at my room, It's pink, I love pink, I chose it." Another person showed us the fish tank in their room. They had been supported to choose and buy the fish and were now responsible for feeding them each day. They told us, "I love my fish; I have a pet all of my own."

Is the service responsive?

Our findings

Staff were responsive to people's needs. One person told us, "I love living here, I am so happy, I have everything I need." One relative told us, "[The person] has been having some difficulties the past 18 months, but the care and compassion they've shown him has been phenomenal. They've been very informative to us and keep us in the loop when things have changed."

People had lived at the service for many years and for some, their health needs were increasing as they grew older. Staff actively encouraged people to be as independent as possible, for as long as possible. They ensured that people had access to the equipment and adaptations they needed in order to do so. One staff member said, "One resident used to love sitting outside. They have a wheelchair now and have a habit of going into the flowerbeds so we just make sure there's someone there, but it's important they do it on their own." One person said that they were keen to continue to go on holiday even though their mobility was becoming an issue for them; they told us how staff had supported them so they could continue to enjoy their holidays. They told us "Staff helped to get an electric wheelchair. I used this on holiday, I can do it by myself, I just push the button and it goes."

Staff found creative ways to enable people to live their lives to the full. There were regular activities held in house such as beauty treatments and massage and 'music for health' sessions. One person had enjoyed these so much that they had decided they wanted to go a local spa. The person was worried, however, that they may not be able to access a spa pool due to their mobility needs. Staff had researched and found a spa with an accessible pool and graduated steps to make sure that the person was able to get in the pool with minimal assistance and they were able to enjoy their day without feeling self-conscious. The person told us they really enjoyed the spa day.

Staff told us that a hot air balloon had recently landed in a field next to the service. One person had been particularly interested in it so staff had suggested they went for a ride in one. Staff had discovered that the landing could be bumpy, causing difficulties for people with limited mobility. Staff had therefore found a company in Warwickshire which offered balloon rides for people with disabilities. This balloon had a chair with a harness to support people and was on wheels to ease the landing. The person was going to spend the night in a hotel before going on the balloon ride and said, "I'm so excited about getting to go in the sky."

One person had moved to the service and was prescribed medicines to help manage their behaviour. Staff had worked with the person to talk about how they were feeling and work out why they became stressed or angry. Staff said they used, "A lot of distraction. Their mood does swing up and down but they respond to attention." The person no longer used any medicines to manage their behaviour and was happier and healthier as a result.

The service is located in a small village and staff and people played a key role in the local community. People regularly went to the local school to watch plays and the school children came to the service to sing carols at Christmas time. People were actively involved in the local church and one person told us, "I like singing, I love it. I go to 'joyful noise' at a local faith group. They've let me choose the song and I'm going to

sing, 'There is a Redeemer.'"

Staff told us that registered manager was responsive to people's needs and they had the necessary staffing and resources to be able to provide person centred care. One staff member said, "In the green house I found some plant pots and when I showed them to people they wanted to grow things for the garden. I asked for some soil and seeds and the next day we had it. We sat round and everyone planted them and now they're sprouting. I appreciated how quickly (the registered manager) got it for me."

People were actively involved in writing their care plans and risk assessments. They participated in their annual reviews and were able to choose specific goals to work towards. One person told us, "They sit with us and go through our goal plan." People signed their risk assessments and care plans to show they had been involved in writing them and to give them ownership of them. One person's family was concerned about their weight when they moved in and in the time they had been living at Adisham House they were now a healthy weight. Staff told us that the person would tap their tummy and say, "I'm healthy and happy so I eat properly now."

People had health action plans in place to support them with their health care needs. Everyone we spoke to was aware of their plan and said they had helped to write them. One person had been advised to do daily exercises following surgery. They kept a copy of these exercises in their bedroom. When we asked them about this they immediately went and got them. They told us, "I know what to do, I have them here." A healthcare professional told us, "People are very well cared for. They're passionate. People only have to sneeze or cough and they do something. They're transparent, they phone us if there are any issues and I just think they're excellent."

People were empowered to take control of their lives and make choices. One person told us that staff helped them with their daily exercises. They said, "I do this to stay as mobile as possible." Another person told us they liked to go shopping and had been out last week to buy new clothes. They showed us a new pair of trainers which they had chosen and were visibly pleased with their them, smiling and pointing.

A person was planning to move into Adisham House very soon. They had visited the service and had tea and met everyone. Their family and staff had taken photographs of the staff and the different rooms so the person might feel more comfortable about moving in. The registered manager had organised the delivery of the special equipment the person might need and had arranged to have an extra member of staff to be on duty to give extra support.

People told us that if they had any concerns or problems they would talk to the staff. One person said "Staff listen if we have a problem, they talk to you in private, especially (staff member), she listens well, and she knows me well. (Staff member) is a good listener too." Another person said "I tell staff if I've got a problem and they sort it out." People told us that they had no complaints. Staff knew people well and noticed if and when people were anxious or upset about something. Staff noticed that one person appeared upset, staff sat and spoke with the person and suggested an activity, and the person appeared happier after this.

The registered manager displayed the complaints procedure and encouraged people to air their views at regular 'residents' meetings. One person said "We have residents meeting when we talk about lots of different things." The residents meetings were led by people, and one person was supported to write up the minutes so that they were easy to understand for everyone else. Relatives were regularly surveyed to ask for their opinions on the service. One relative told us, "I get their surveys and I have never put anything but excellent."

Is the service well-led?

Our findings

The service had been run by the same family for over 30 years so people knew the providers and the registered manager very well. One person told us, "I think he [the manager] is alright. He looks after me and that. We have fun and games with him." Relatives told us, "My brother has been there since 1995 and there are only two people my mother would have trusted to look after him, one is [the provider]" and "Now the young people are running it, it's amazing. They're just so with it."

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, gardening and cleaning and in regular resident's meetings. The registered manager made sure people had a say about the staff throughout the recruitment and probation process when people were asked for their views and opinions about staff.

There were links with the local and wider community and people had friends in the village. People had built relationships with people at local churches and shops and were supported to keep in touch with their friends and family and to make new friends. The registered manager was developing the use of technology, so if staff could not attend a staff meeting in person they would join by using face time (a video type link).

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The home's vision stated: "Our philosophy of care reflects that of family values, in that we aim to provide a home for life, irrespective of increasing care needs." Staff engaged with the culture of the service and were committed to it. One staff member said, "The care we give is good, in fact, it's great and I think it's because it's a small place, it is like a family." A relative told us, "It is a care home, but it's more than that, it's a home, and for the people who live there, it's family." People were relaxed and settled and told us that they did not want to live anywhere else. Staff were committed to ensuring that people could remain at the service as they got older and their health care needs increased.

The registered manager worked alongside staff so they could observe and support them. The registered manager told us about their commitment to putting people first, they said they worked with staff to make sure staff focussed on 'people rather than on paperwork'.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities for several years. Staff told us they felt well supported and felt comfortable asking the senior staff or the registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were working towards a level 5 qualification in management. The registered manager agreed that attending more local groups and forums would help them to network with other

managers and keep abreast of best practice. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Visiting professionals were not currently surveyed. This was an area for improvement. The registered manager said they would include doctors and other professionals in the future. Feedback had been read and considered and the registered manager acted to address any issues that were raised. All the feedback responses we saw were positive and included "Staff regularly go beyond the call of duty" and "Staff are exemplary, my relative is encouraged to be as independent as possible. They are happy and well looked after".

Although all feedback was considered and acted on, there was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement and the action the registered manager was taking. This was an area for improvement.

Checks and audits were carried out regularly of the environment, records, staff training and support. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.