

Mrs Alison Lee

Hardwick View

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hardwick View is a residential care home providing personal care to younger and older people living with a learning disability, physical disability or a sensory impairment. The home can support up to 20 people; 19 people were living there at the time of the inspection. The home consists of a large family home and an adjacent bungalow where two people live independently.

The service has been developed and designed prior to the implementation of Registering the Right Support. However, we found the home adhered to the principles and values to ensure people 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.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People received a high level of person-centred care based around their abilities, preferences and interests. The manager and staff took time to get to know people and refused to see disability as a barrier to a full and inclusive life. A relative told us, "We chose Hardwick for its outstanding qualities of care, compassion and an open friendliness. These qualities have never changed and if anything, have grown, helping to give it the homely, warm atmosphere that the clients live in." Another told us their loved one had a lifestyle that "exceeded their expectations."

People told us they were happy and safe at Hardwick View. They were proud to show us around their home and tell us about their life. They told us of the friendships and relationships they had made and the various leisure activities they enjoyed.

Relatives and professionals told us of the support people were provided with to remain as healthy as possible to enable them to live comfortable and fulfilling lives. They gave us examples of where people's health had improved as a result of the determination and dedication of staff to ensure everything possible had been done to support people to live their best life. One relative told us that without the support of the home, their loved one would not be alive to celebrate their birthday. People had the support of professionals to help them understand their health care needs and to work alongside staff to provide the best possible outcomes for people. The manager challenged healthcare professionals if people had not

been given fair access to services and the same opportunities for support as people without disabilities. One person told us staff had helped them understand a newly diagnosed health condition and that they had the support of a specialist nurse. A professional told us, "Every individual is given the very best chance in life" and another described the home as "always excellent".

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. People were fully involved in making decisions about their care and treatment. Staff understood the importance and principles of supporting people to make their own decisions about their care. They always approached decision making from the view that with the right information, including advice and guidance from healthcare professionals, people could make their own decisions. A relative told us of the "amazing" support their loved one had received when deciding whether to have surgery. Staff were highly motivated and held a strong belief that people should be as independent as possible and live fulfilling lives.

What was important to people was very much respected and valued by staff, and staff did their utmost to support people's preferences and interests. A relative told us about how positive the move to Hardwick View had been for their loved one; they said, "The day [name] moved in here her life started again, she's hit the jackpot. She hasn't stopped smiling since she has been here. It's stunning here, she got a life."

Social engagement was seen by the home as being important to people's well-being and sense of self-worth. People enjoyed a wide range of social activities including clubs, sports and engaging with other organisations such as colleges, the Royal British Legion Club, churches and the local theatre. Staff recognised the importance of relationships with family and other people.

People received truly kind, caring and compassion support during their end of life care. The provider and manager saw Hardwick View as a home for life for people, should that be their wish. Staff had received training in end of life care and saw it as a privilege to care for people at this sensitive time. We were provided with examples where the home had gone 'above and beyond' what would have been expected of them to ensure people approaching the end of their lives were able to be with family and friends and enjoy special events. Feedback received from family members praised the home for their loving care. One considered themselves "blessed" to have found Hardwick View for their relation.

The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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.

The provider, manager and staff, through their actions and how they spoke about the people living at Hardwick View, demonstrated they put their values of individuality, independence, inclusiveness, dignity and rights into practice. We received very positive feedback from people, relatives and professionals about how well the home was managed. One relative said, "[Manager] has done an outstanding job as manager. She has a wonderful kind and caring manner which she encourages the staff to follow. Hardwick stands out as a flagship to all other homes."

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 29 June 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 caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hardwick View

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

One inspector undertook this inspection.

Service and service type

Hardwick View 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 provider held the position of manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a manager to support them to manage the home on a day to day basis.

Notice of inspection

The first day of the 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 professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and seven relatives about their experience of the care

provided. We spoke with seven members of staff including the provider/registered manager, manager and care workers. We also received feedback from two health care professionals and the local authority. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, meeting minutes and staff training were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

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

- Those people who were able to share their views with us told us they felt safe living at Hardwick View. People said, "Yes, I feel safe" and "I do feel safe here, everything is nice." Other people nodded their head, smiled and gave a thumbs up sign. Our observations showed people were relaxed and comfortable in staff's company. We saw people laughing and smiling with staff, and people spontaneously taking hold of staff's hands.
- Staff continued to receive training in safeguarding and protecting people from abuse and were aware of their responsibilities to raise concerns, both to the provider and the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and included risks to people's nutrition, oral health, mobility and skin care as well as those associated with health conditions such as epilepsy and diabetes. Management plans were in place to guide staff about how to minimise these risks.
- The manager and relatives confirmed people's needs were assessed prior to them coming to live at the home, to ensure their needs could be met and any equipment necessary to support their care was obtained.
- The home was safely maintained. People were supported by staff to undertake a weekly health and safety audits of the environment to check for risks and cleanliness. People told us the fire alarm was tested each week and they knew to evacuate the home to the car park in the event of a fire.

Staffing and recruitment

- Staff continued to be recruited safely. Appropriate pre-employment checks were undertaken, including obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with people who might be vulnerable due to their circumstances. Any gaps in applicants' employment histories were checked as part of the recruitment process.
- There were enough staff available to meet people's needs and offer flexibility with people's support. Several of the staff had worked at the home for many years and they knew people very well. This meant that people received consistent care. One relative told us, "Staff only leave here to retire."

Using medicines safely

- Medicines were managed safely. Only staff trained in the safe administration of medicines supported people. Some people required their medicines to be given covertly (hidden in food) and staff had sought appropriate authorisation from people's GP and had consulted with the local pharmacist to ensure their practice was safe.

- The manager regularly reviewed staff practice and checked medicines administration records to ensure they were fully completed.

Preventing and controlling infection

- The home was very clean and tidy with no offensive odours. People were supported to clean their own rooms and to help around the house; they were proud to tell us about this.
- There were two laundry rooms; one used by staff for bedding and towels and to store cleaning materials which remained locked, and one used by people to wash their own clothes.
- Gloves and aprons were available throughout the home to reduce the risk of cross infection and we saw staff using these.

Learning lessons when things go wrong

- All incidents and accidents were reported by staff and promptly reviewed by the manager. The information was analysed to check for any trends or themes. "As a result of" forms recorded any actions put in place to prevent recurrence of similar events and the outcomes were shared with staff through staff meetings and supervision.

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.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider and manager held strong beliefs that people living with a learning disability should have equal access to health care support as every other citizen. They consulted health and social care professionals and followed evidence-based guidance, including that provided by National Institute for Health and Care Excellence (NICE) and the Learning Disability UK to achieve effective outcomes.
- The provider and manager placed great emphasis on holistically assessing people's physical, mental and social needs. Staff invested a significant amount of time getting to know what was important to a person before being supported to move to the home. The manager challenged healthcare professionals if people had not been given fair access to services and the same opportunities for support as people without disabilities.
- Relatives gave us examples of where the manager had not accepted that people were unable to engage with others until they had explored all options for themselves and consulted with healthcare professionals who could offer advice and support. For example, one person was described as needing to be cared for in bed and required full support with eating and drinking. The manager had ensured the person had the involvement of an occupational therapist and a Speech and Language Therapist to support them in assessing their needs prior to moving to the home. The manager had arranged for a wheelchair designed specifically for this person to be ready for them when they were admitted, and for adapted cutlery to be available to support the person to eat and drink independently. With the professionals continued support, this person's health and well-being had significantly improved. The person's relative told us "He can feed himself at times and his quality of life has exceeded all my expectations."

Supporting people to live healthier lives, access healthcare services and support;

- People's health outcomes had greatly improved since moving to the home. Professionals told us they had a very good relationship with the home who continuously sought ways to improve people's health and well-being. One professional told us, "Every individual is given the very best chance in life" and another described the home as "always excellent".
- Relatives told us of the support people were provided with to improve their health and remain as healthy as possible to enable them to live comfortable and fulfilling lives. One relative described how their loved one had been very unwell and was expected to receive end of life care when they moved into the home. However, with the determination and dedication of the manager and staff team, the person had made a remarkable recovery. The home had sought professional advice to ensure the person had the best possible support with their eating and drinking. The relative said, "Some of the old [name] has returned. Since that day [the day of their admission] [name] has been able to engage in the outside world again. I feel without

this home, [name] would not be here today about to celebrate his 60th birthday." They went on to say, "He enjoys his food more than ever, including take-aways on a Saturday night. He has put on weight and has now reached a good, healthy weight."

- One person told us about their newly diagnosed health condition. They knew what the condition was and how they should modify their diet to prevent them from becoming unwell. This person was aware of healthy eating and knew what foods to swap for healthier alternatives. They told us they had regular contact with the specialist nurse and could ask to speak with them at any time. They told us they felt well.
- The manager told us staff were vigilant in assessing people's well-being. For example, staff had recognised an indication one person might be suffering from a potentially life-threatening illness. They had sought immediate medical advice, and the person had received prompt treatment.
- Records showed people were supported to attend health screening appointments. Health action plans and hospital passports ensured people's health needs were kept under review and provided medical staff with important information about people's support needs and preferences. At times when people had required a hospital admission, the staff continued to provide support, liaising with relatives to ensure the person had additional support when they needed it. The home also provided transport for relatives to be able to visit their loved ones in hospital.

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.

- Staff showed a good understanding of the importance of MCA and gaining consent from people. The manager and staff were skilled in supporting people with making decisions about their care. Staff knew people well and understood how to present information in a way people could understand. We saw people had been provided with easier to read information, and had conversations with staff and professionals to support them making decisions about their care.
- Staff understood the principles of always trying to support people to make their own decisions about their care, and always approached decision making from the view that with the right information, including advice and guidance from healthcare professionals, people could make their own decisions. For example, people were supported to understand about health screening tests.
- Where it was necessary to make decisions on people's behalf, this was done in accordance with legislation and people's wishes. For example, some people would be unsafe if they left the home without support. Best interest decisions had been made to restrict people's liberty to ensure they always had supervision. Appropriate applications had been submitted to the local authority for authorisation to do this.

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

- People told us they enjoyed the food provided by the home, telling us they helped choose the menus. People were involved in preparing meals as well as drinks and snacks for themselves, and we observed this during the inspection. One person told us of the special meal they had planned and which they were going to cook for their partner on Valentine's Day.

- Relatives also told us the food was of good quality and plentiful; one said, "It's amazing." They confirmed they were able to have meals with their loved ones if they chose to do so.
- People's care records highlighted where risks with eating and drinking had been identified and where people needed a soft or pureed diet, this was provided. Staff were aware of people's nutrition and hydration needs, and where people needed support to eat and drink, this was done sensitively at each person's pace. We observed meal times to be a happy event with people enjoying conversation with each other and staff.
- The manager had undertaken hydration and nutrition training to enable them to have a good understanding of people's needs and how to support people who might be at risk of not eating and drinking enough.

Staff support: induction, training, skills and experience

- People were supported by a dedicated and committed staff team. The provider told us in the provider information return (PIR), "When we recruit staff, we are looking for people with the qualities of caring, kindness, promotion of independence, respect and dignity." People were involved in staff interviews and devised their own questions. Their views of each applicant were considered before new staff were appointed.
- Staff told us, and records showed, they received the training and support they required. Training was tailored to the needs of the people living in the home, and included positive behaviour support, as well as topics relating to medical conditions and conditions associated with ageing.
- Staff were proud of the way in which they worked as a team to support people. They understood the importance of consistency and good communication. Staff praised the support they received from the manager and provider.

Adapting service, design, decoration to meet people's

- Hardwick View is a large home providing spacious accommodation for people. Two lounge rooms, two dining areas and two kitchens ensured people had choice about where they spent their time. The adjacent bungalow provides accommodation for two people to live independently with minimal support. The bungalow consisted of a kitchen/diner, a lounge room, a shared bathroom and two bedrooms.
- A large activity room provided people with space to spend time in arts and craft activities, to have meetings or to spend one-to-one time with staff.
- A small bar area allowed people to choose an alcoholic drink should they wish to.
- People's rooms were personalised with themed wallpaper and items important to them.
- Adaptions and equipment necessary to support people with impaired mobility were made and available.

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 as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People continued to be supported by exceptionally kind, caring and compassionate staff who knew people well. All the feedback we received said staff were exceptionally caring. All our observations showed staff treated people with the utmost kindness, patience and respect. It was clear people trusted staff and accepted appropriate physical contact from staff. People benefitted from being supported by a stable staff team who knew people well and with whom they had developed friendly relationships.
- People told us they were happy and described staff as "nice" and "friends". A relative told us, "We chose Hardwick for its outstanding qualities of care, compassion and an open friendliness. These qualities have never changed and if anything, have grown, helping to give it the homely, warm atmosphere that the clients live in." Another told us, "They genuinely care. It's one big family. They give her everything she needs. I have never come across anything as good as this." They described the staff as "angels" and "wonderful", saying their loved one had "a real home here."
- A relative described how their loved one had a happier and healthier life since moving to Hardwick View. They said their loved one had been previously very withdrawn and they saw no future for themselves. Their relative said, "She was like a wilting flower." They told us the way in which the manager and staff spent time with their loved one had an incredible impact on their family member's well-being. The manager had spent time talking with the person about how they saw their life, what was not working well for them and what they wished to achieve. The manager said the person had a very negative view of their life and they didn't know what was possible and what opportunities were available to them. Their relative said, "The day [name] moved in here her life started again, she's hit the jackpot. She hasn't stopped smiling since she has been here. It's stunning here, she got a life."
- We saw this person fully engaged with other people and staff in social activities around the home. They told us how happy they were and about the social activities they enjoyed and the friendships they had made; they told us their life was "great" and that they were now in a relationship. This person was now being supported to live their best life.
- Staff went the extra mile to support people to feel cared about. One person had a doll which they considered was their daughter. Staff ensured the daughter was as cherished as the person. For example, their 21st birthday was celebrated with a party. Staff supported the person to find clothes and treats for their daughter and took great delight in seeing the joy this gave this person.
- Towards the end of this person's life this person and their daughter were supported to have a luxury night away in a hotel. When the person died, their daughter died with them and was interred with their "mother".
- When people were admitted to hospital staff visited them daily. This helped them to gain information

about what might slow down their recovery. For example, if the person doesn't like hospital food, visits are planned around meal times and favourite foods are taken to the person. Staff also provide transport for relatives to visit their loved one in hospital.

- Equality, respecting diversity and promoting independence were a focus of the home for people and staff. Staff told us they were passionate about ensuring people were treated kindly, respectfully and were fully involved in decisions and choices about their care.
- The home's culture recognised the importance of respecting and valuing equality and diversity amongst people and staff. Throughout the home we saw posters promoting the home's values of individuality, independence, inclusiveness, dignity and rights. Information about respecting relationships and people's culture, religion and sexuality was provided for people to discuss in groups or individually. The manager told us discussing these issues had provided people with the confidence to share and discuss their feelings. For example, several people were in relationships and they felt able to tell others about this and to say how they felt about each other.
- The home had organised and hosted a Learning Disability LGBT+ Pride event. People had been involved in its planning and had invited family, friends, neighbours and other providers. People told us how much they had enjoyed the event: smiling and laughing as they showed us the photographs. The manager told us this event had provided people with the opportunity to think about sexuality and to normalise difference. People could meet and socialise with people who were willing to share their views about friendships, relationships and sexuality. Feedback received by the home from one provider said, "Brilliant time. It was really nice to see an event that was aimed at adults, with the same sorts of music, activities and stalls (and alcohol!) you would see at any other event of this type."
- The manager told us local businesses donated vouchers and prizes for this 'not for profit' event. The money raised was used for Hardwick View's "comfort fund". This fund was used to purchase equipment and to support events such as holidays that people would not be able to afford. The fund was also used to purchase gifts for those people who would not receive a gift from family.

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and rights, and valuing their choices and beliefs was at the heart of the service. The manager told us they were passionate about people living with a learning disability having the same opportunities as people living without a disability, and to having a strong presence in the local community. They provided us with many examples of how people were at the centre of all decision making, and how the service's commitment had seen positive changes in people's health and well-being. For example, one person had successfully undergone surgery after being fully supported to make the decision themselves. Another person told us about their relationship, and that their life was very much better than before they moved into the home.
- A professional told us, "Every individual is given the very best chance in life. [Manager] and the staff have a keen concern about patient safety and welfare but equally are keen to give anyone a chance at exerting maximum independence." The manager and staff worked hard to support people to take risks if that is what they wanted.
- People were supported by staff who had an excellent understanding of their individual needs. Staff were highly motivated and held a strong belief that people should be as independent as possible and live fulfilling lives. Staff looked for ways to support people's independence and did not accept that disability was a barrier to this. For example, prior to moving to Hardwick View, two people spent the majority of the time being cared for in bed. The manager told us that when they met these people they felt, "We could be doing so much more for them." The manager had consulted with professionals and met some opposition which they believed was founded in notions of disability, not ability. By advocating on behalf of these people, the manager was able to secure a different plan of care. As a result, these two people were now using wheelchairs, one independently, to get out and about. One professional told us, "They have a genuine desire to help others and promote choice and independence."

- People were proud of what they had achieved and told us of the local clubs and events they were involved with, some of which they used without staff support as they had developed other support networks and friends.
- People, relatives, staff and professionals all spoke to us of the homely feel and family atmosphere of the home. One relative said, "I have never seen a home as good as this. This is a proper warm, friendly and welcoming home." A professional said, "The home ethos is very much about being a larger family and creating an environment that reflects a homely feel."

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

- Managers and staff had built very trusting relationships with people to give them the confidence to make decisions and say what they wanted.
- People were provided with a range of opportunities to express their views about their care and discuss their preferences with how they were supported. Each person had a 'keyworker' who was responsible for consulting with them about their needs, choices and preferences.
- The provider and manager valued people's contribution to decision-making in the home, for example with the recruitment decisions about new staff. People participated in weekly meetings where they planned the forthcoming menus and social activities, but also shared any concerns or information.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People, relatives and professionals were very complimentary about how the home demonstrated its values through personalised and responsive care. One relative told us their loved one had "Grown in confidence and character and has been encouraged to become more self-assured." Another relative said, "This place is fantastic. My sister has a home where she will spend the rest of her life."
- The service followed the principles of 'Registering the Right Support' to ensure people could live as ordinary life as any citizen. Registering the Right Support covers new legislation relating to services for people with a learning disability and underpinning the principles of choice, promotion of independence, and inclusion. This started by ensuring the assessment process not only got to know the person's needs but also included the person's long-term goals and aspirations. The provider and manager were very clear that personalised care was their highest priority.
- What was important to people was respected by staff and staff did their utmost to support people's preferences and interests. For example, one person repeatedly wanted to camp out in the garden. Staff supported this when the weather was suitable, but in bad weather the person would be disappointed they weren't able to camp. Staff arranged with the person to have their bedroom decorated and furnished as if it were a tent in parkland. The bed had a canopy over the top making it look like a tent and the person slept in a sleeping bag. One wall was decorated as if looking out of the tent over parkland, a rug was made of imitation grass and camping chairs replaced the person's armchair. This person told us how happy they were with their bedroom.
- The manager said they looked for different ways to support people, including support from services independent from the home. For example, the manager described some people experienced periods of anxiety and people had benefited from the support of 'The Feelings Team' run by Livewell Southwest. The team provided independent support through art, music and drama therapy with access to a counsellor. This allowed people to discuss how they are feeling and to establish coping strategies with staff independent from the home.
- People were supported on a daily basis to have active and fulfilling social lives. Friends of people living at Hardwick View were invited to join too.
- People were supported to find out about social activities and supported to take part. More recent social events or activities included attending local groups to learn computer and gardening skills. Some people attend the special Olympics training. One person has won gold medal and many people have developed friendships beyond their local geographical area. One person who is interested in pottery now attends local pottery classes. This involved supporting the person to develop skills to travel independently on public transport and to overcome potential discrimination from others in the class.
- One person who was unable to go out loved ice cream. Arrangements were made for an ice cream van to

visit weekly.

- Care plans were detailed and gave staff information about who each person was, including their life before they moved to the home, what others saw as "great" about them, what they were good at, their interests and how they communicated. This gave staff a sense of each person as an individual before identifying what areas of their life they required support with and their preferences with how this was given.
- One person needed to have a blood test. They liked to be supported by one member of staff who was not on duty when the nurses came to do the test. Rather than upset the person and risk the test not being completed, staff thought to video call the member of staff who was able to "virtually" be the person and support them through this procedure.
- Another person needed an operation to preserve their sight which was deteriorating. This person had a long standing fear of hospitals. Staff took time and effort to ensure they influenced and managed how information was shared with this person and how they were prepared for the operation. This enabled the person to develop confidence and trust prior to successful surgery. This person has regained their independence and is no longer scared of hospitals or clinical environments. The person's relatives were also involved in helping the person to decide. They told us their loved one had received an "amazing" level of support to make this very important decision.

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

- Maintaining and developing relationships and social engagement were seen by the home as being important to people's well-being and sense of self-worth.
- Several of the people at Hardwick View told us they were in a relationship, and this was supported by the home. Two people told us how they were supported to have a weekend away together, and that they were being supported to plan another weekend away soon. They were also planning a special event for Valentine's day. One person wanted to visit a local, and notorious, night club area. The manager arranged for them to do this with their partner, and with support.
- The home placed a strong value on ensuring people could remain in contact with family members. For example, when aging family members required residential care, the home supported people and their families to visit each other. The manager told us they had arranged for one person's relative to spend Christmas Day with them and the staff had provided transport for the relative to return to their own care home.
- Staff supported people to learn to use apps on their phones so they could stay in touch with family and share stories and photos with them.
- People's friendships with people not living at the home were fully supported. For example, one person had arranged for their friends from a club they attended weekly to come to the home for lunch. A relative said, "[Name] has many friends. Her friendship with [name] has been helped with the staff taking them out for lunch and other occasions, so they can spend time together."
- People were supported to take part in a wide variety of activities individually and with others. Staff excelled at understanding what people liked and didn't like and encouraged them to experience new things. In addition to the leisure activities organised by the home, people's enjoyed clubs, sports and engaged with other organisations such as colleges, the Royal British Legion Club, churches and the local theatre. This had resulted in people gaining new friendships with people who were not living with a learning disability, and as a consequence, some people were able to enjoy social events without the support of staff.
- For example, several people had attended a local college and worked with the students there to rehearse and perform a show in front of a large audience. Staff and people enjoyed showing us the photographs, and people were proud of what they had achieved.
- A relative told us how much their loved one enjoyed all the social events planned throughout the year, including a summer carnival with a big top, a band and stalls, as well as pottery classes, animal therapy and

engaging with the Funky Llamas project run by the local theatre. (Funky Llama is a platform for disabled adults to actively participate in the creation and delivery of a programme of activities and professional, inclusive arts events. These develop well-being, promote multiple social networking opportunities, reduce isolation and enhance life skills.) The relative joked with us that their loved one was "So busy we have to make an appointment to see her."

- During our inspection we spent time with people while they were cooking, making Valentine's cards and presents, and during the musical entertainment. Some people chose not to fully participate but preferred to observe from a distance. We saw staff taking the time to talk with those people about what was happening, and to offer friendly and appropriate physical contact, such as sitting with the person and holding their hand. One person chose to sit in the lounge room next to where the musical entertainment was being held, rather than with the large group of people singing and dancing. Staff made sure they were as engaged as much as they wished to be. For example, staff asked them what songs they would like to hear, and these were played for them.
- People told us they had friends with whom they enjoyed doing activities, for example, two people went to the local golf driving range together.

End of life care and support

- People received kind, caring and compassionate support people during their end of life care. The provider and manager saw Hardwick View as a home for life for people, should that be their wish. Staff had received training in end of life care and saw it as a privilege to care for people at this sensitive time.
- Staff did not avoid talking with people about death. They spoke sensitively to people about how they would like to be cared for when their time came. We saw this information had been included in people's care plans. Photographs of people who had died remained around the home, and people were encouraged to talk about them and their friendships.
- One person told us about the death of their partner, who had also lived at the home, and how staff had supported them to be by their side throughout. Together with staff they had created a memory book, which they showed us and told us about their partner.
- The manager said they felt it was important to discuss with people and their family whether there was anything people wanted to achieve before they passed away and to try to make this happen. For example, one person had been supported to celebrate their life with their family and friends. The person had always enjoyed parties and wanted a bouncy castle, and the home organised a garden party for the person and their family to enjoy. The home supported the person to choose special gifts, paid for by the provider, to give family members. The manager arranged for a professional photographer to attend to take photographs of the person with their family, so the family could remember their special day.
- Another person had been a big fan of Elvis Presley. Unfortunately, the person had been too unwell to see a tribute band that was playing locally. The manager contacted the band, and unknown to the person, arranged a party for the tribute band to play at the home.
- Feedback received from family members praised the home for their loving care. One considered themselves "blessed" to have found Hardwick View for their relation. A professional told us, "The feedback I receive from my colleagues about Hardwick View is always excellent, and I echo this myself from visiting the home."

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.

- How people communicated was well understood by staff. Easier to read information using symbols and photographs, as well as signing, supported people's understanding. Day to day information was presented

in pictorial form, such as which staff were working during the week, the menu and what activities had been planned. This helped people understand what was happening in the home and to make choices about whether to be involved.

- The home subscribed to a communication system which converts written words into symbols. This meant that information could quickly and easily be converted from a written format to an easier to read format with colourful picture and symbols. The home had used this system to support people with limited verbal communication to better express themselves. For example, one person always had symbol cards with them. These had been developed with the person to ensure each symbol meant something to the person. The provider told us this has resulted in the person being less frustrated when unable to express themselves verbally.
- Staff worked hard to understand what people were trying to communicate to them. For example, one person kept saying one word repeatedly. Staff spoke with the family to try and work out what this meant. They discovered exactly what the person was saying and as a result were able to retrieve boxes of slides that the person's father had taken of family holidays. These are now providing lasting memories for this person.

Improving care quality in response to complaints or concerns

- People told us they could talk to any of the staff if they had any worries or were unhappy about anything. An easier to read complaints form was available in the conservatory area for people to use if they wished to do so.
- Relatives told us they felt they could raise any concerns with the staff or manager. One said, "The manager is always available to discuss problems if they arise." Another relative said, "I can't fault them, they are outstanding. They will take it on board, they will listen and do something about it."
- Where complaints had been received, these had been recorded and the action taken to resolve the matter identified. The manager said they used feedback to reflect and make improvements.

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

- The provider, manager and staff, through their actions and how they spoke about the people living at Hardwick View, demonstrated they put their values of individuality, independence, inclusiveness, dignity and rights into practice, as they were threaded through every activity undertaken in this service. We saw from reading people's care plans and from talking to people, relatives and staff, how the home had supported people's development and improvements in their health and wellbeing and had therefore supported them to have the best lives.
- Without exception, we received positive feedback from people, relatives and professionals about how well the home was managed and how this had resulted in such positive outcomes for people. Relatives told us they felt this home was the best they had experienced and described the highly positive improvements to their loved one's wellbeing since moving to Hardwick View. One relative said, "[Manager] has done an outstanding job as manager. She has a wonderful kind and caring manner which she encourages the staff to follow. Hardwick stands out as a flagship to all other homes." Another said, "I cannot rate the home highly enough for care, professionalism, empathy, sympathy and all led and managed from a great role model in [manager]. She goes above and beyond her role and has been a great rock for me and my husband."
- The time taken by the manager and staff to understand people's needs and to seek guidance and support from professionals to promote people's health and well-being had brought about positive changes in people's lives. People's disabilities were not seen as barriers. The whole team looked for opportunities to promote people's inclusion in the community, to participate in leisure and social activities and to form friendships and relationships.
- The manager and staff were not afraid to keep trying or of making mistakes in the interests of supporting people to have their best lives. For example, staff felt an assessment of ability for one person was too short and did not give the person the best chance. Whilst the outcome did not change, staff felt confident the assessment was robust and fair. Staff also tried a system to help a person to manage their fluid intake which needed some restrictions. Whilst this did not work, staff felt confident it was the right thing to do and would not be put off trying different solutions.
- Audits and reviews ensured people were receiving safe care and support that met their preferences. People were involved in the running of the home such as with staff interviews and with environmental audits.
- Staff were happy in their role and they said they felt listened to, valued and their contributions were appreciated. They understood their roles and valued the high standards of care expected by the provider and manager. They said they worked well as a team to provide high quality care to people. Staff told us

there was good communication which enabled them to do their jobs well. Individual supervisions, team meetings and daily handover meetings provided staff with opportunities to share information and make suggestions for improvements. One member of staff said, "We're a great team, and we're really well supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and manager continually looked for ways in which people could be more engaged with their care. For example, the daily care record had been changed to encourage people to provide their own descriptions of what they had done during the day, what had been positive about their day, what they had learnt and how they had felt. This new way of recording allowed people to say what their day had been like, rather than for staff interpret how they felt a person's day had been. Each month each person has "key time" which is a planned and protected time for each person to sit down with their key worker to discuss what the person wants to discuss and to help the key worker identify other opportunities for the person to live their best life.
- People were also involved in staff interviews and devised their own questions. Their views of each applicant were considered before new staff were appointed.
- The manager and staff were committed to protecting and promoting people's rights in relation to equality and diversity, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics.
- The home worked closely and in partnership with people, relatives and healthcare professionals such as GPs, community and specials nurses, physiotherapists and occupational therapists to ensure 'joined up' care resulted in positive outcomes for people.
- Surveys were used to gain people's feedback, and for some people these were in a pictorial form to make it easier for them to understand the information being asked for. Relatives, staff and professionals were also asked to provide feedback about the quality of the service. Feedback from the most recent survey was very positive from all those who participated.
- Relatives and professionals gave very positive feedback about their relationship with the home. One relative said, "Communication with the staff is exceptional and family contact has always been encouraged." A professional said, "It is always a pleasure to work with a team that is so well led. [Manager] leads by example and always set a high bar with regard to standards of care."

Continuous learning and improving care; 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 provider was committed to continuous learning and improvement. As such the home had developed 'champion' roles in health and well-being, continence care and end of life care. This meant these 'champions' undertook additional training to ensure the home was adhering to the latest good practice guidance. The manager had also reviewed the records staff were required to complete when considering people's health care needs. For example, they had developed new forms and guidance for staff to assess the condition of people's feet which they felt was particularly important for people living with diabetes. They had also produced an easier to read guide to good oral health care to support people's understanding of how to look after their mouth and teeth.
- The manager regularly engaged with various professional forums and subscribed to professional websites keep up to date with best practice so that people received safe, effective and good quality care. Hardwick View was part of a local peer review group with two other care home managers who visited each other's services to share good practice and ideas for improvement. The manager was undertaking a professional qualification in management and was putting their learning into practice at the home.
- The provider met their regulatory requirements by notifying CQC of important information in a timely way. The provider and manager understood their responsibility to be open and honest when things go wrong.

