Newport Residential Care Limited

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Inspection report

3 Watergate Road
Newport
Isle of Wight
PO30 1XN

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Ratings

Overall rating for this service	Outstanding ☆

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?	**Outstanding** ☆

Summary of findings

Overall summary

About the service
Newport Residential Home is a care home. it is registered to provide accommodation and personal care for up to 31 people and predominantly supports people living with mental health needs. At the time of the inspection there were 29 people living at the service.

The home was split into two inter-connecting units. Younger adults with mental health needs were supported in the main, upper part of the home, whilst older adults with mental health needs, some of whom were living with dementia, were cared for in the lower part of the home.

People's experience of using this service and what we found
The service was exceptionally well managed and consistently achieved very positive outcomes for people. Care and support were provided in a highly personalised way. Innovative, therapeutic activities had been designed, and used successfully, to enrich people's lives by supporting them to achieve individual goals and aspirations.
Staff consistently went the extra mile by supporting people to achieve their goals and aspirations in their own time. This enabled them to provide exceedingly compassionate care to people at the end of their lives, while also supporting their loved ones.
Staff had been inspired to provide high quality care and support by a registered manager who health and social care professionals described as "outstanding". They had cultivated an exceptionally person-centred culture that encouraged people "to be the best they can be".
The service had forged strong relationships with specialist health and social care professionals. These were built on mutual respect and had helped ensure people received the best possible support when their mental health deteriorated.
People experienced safe care. Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm.
Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met.
People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed.
High standards of cleanliness were maintained throughout the home, which reduced the risk of infection.
Staff felt valued and very well supported through a system of effective training, supervision and appraisal.
Staff consistently delivered care in accordance with people's care plans and recognised best practice.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
Staff consistently treated people with compassion, kindness, dignity and respect.

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 23 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newport Residential Home on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Newport Residential Care Limited

Detailed findings

Background to this inspection

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

Inspection team
The inspection was conducted by one inspector.

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

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

This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including care support staff, the registered manager, the deputy manager, a housekeeper, a chef and a maintenance person. We also spoke with an independent activities provider. We carried out observations of people's experiences throughout the inspection. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision, together with a variety of other records relating to the management of the service, including accident and incident records, policies and procedures.

After the inspection
Following the inspection, we sought feedback from six health or social care professionals who had contact with the service. We also reviewed other records relating to the management of the service including audits and staff training records.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• People were effectively protected from the risk of harm. Staff had an in-depth knowledge of individual risks to people and followed guidance to ensure risks were managed safely. For example, some people could display behaviour that posed a risk to themselves and others. Support and advice had been sought from external healthcare professionals and detailed guidance was recorded within people's care plans. This helped reduce the likelihood of harm.
• Staff also supported people who chose to take positive risks. For example, some people had chosen not to follow a healthy diet, contrary to the advice of specialists. Although staff promoted healthy eating, they respected the decisions made by people. One person confirmed this and said, "They [staff] encourage me to eat carefully, but I don't."
• Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as making drinks and going out on their own.
• Fire safety risks had been assessed and a new fire alarm system had recently been installed to enable staff to identify a potential source of fire more quickly. Each person had a personal emergency evacuation plan (PEEP). These identified the level of help each person would need to leave the building safely in the event of an emergency.
• Checks of the water quality and temperatures were conducted routinely and records confirmed they were within acceptable safety limits. Lifting equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.
• A business continuity plan was in place to manage a range of foreseeable emergencies. These included contingency arrangements for people to use a nearby hall as a place of refuge if the building had to be evacuated.
• Staff had initiated a planning meeting with emergency services to identify ways of supporting a person who would have challenging moving and handling needs if they became unwell and needed to be transferred to hospital.

Systems and processes to safeguard people from the risk of abuse
• People were supported to remain safe and the service followed relevant policies and procedures for safeguarding adults.
• Staff were proactive in supporting people to understand and recognise safeguarding concerns. They were aware of safeguarding risks to individuals and took positive steps to minimise these; for example, they supported some people to look after their money safely.
• Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. People and their relatives told us they did not have any safeguarding concerns. Comments included: "The best thing [about living here] is the security" and "I feel [my relative] is quite safe. I have no fears for her

here".
• When safeguarding concerns were identified, staff acted promptly to ensure the person's safety. The registered manager understood their responsibilities; they knew how and when to escalate concerns to the local authority when needed.
• Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Staffing and recruitment
• There were enough staff available to meet people's needs at all times and to support people with individual activities.
• Throughout the inspection, we observed that staff responded quickly to people's requests for assistance.
• The registered manager used a recognised dependency tool to help assess the required staffing levels and reviewed these regularly. Staffing levels were determined by the number of people using the service and the level of support they required.
• People were supported by consistent staff. Short term staff absences were covered by existing staff members working additional hours; this helped ensure people received continuity of care.
• Recruitment procedures were robust and helped ensure only suitable staff were employed. They included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. DBS checks help providers make safe recruitment decisions.

Using medicines safely
• There were suitable systems in place to ensure medicines were securely stored, ordered, administered and disposed of safely, in accordance with best practice guidance.
• Staff had been trained to administer medicines and had been assessed as competent to do so safely. Medication administration records confirmed people had received their medicines as prescribed.
• One person told us, "I won't take medicines usually, but I do here as I'm prompted by a nice [staff member] at a routine time every day."
• People who received 'as required' medicines had clear protocols in place to ensure staff knew when and how these should be given.
• There was an effective system in place to ensure topical creams were not used beyond their safe 'use by' date.

Preventing and controlling infection
• The home was clean, hygienic and well maintained. One person told us, "I can't knock the cleanliness; everywhere is always clean."
• Where possible, people were encouraged to maintain the cleanliness of their own rooms, with support from staff. Housekeepers also completed regular cleaning, in accordance with set schedules.
• Staff had received infection control training. Personal protective equipment (PPE), including disposable gloves and aprons, were available to staff throughout the home. In addition, people who used hoists had individual slings allocated to reduce the risk of cross infection.
• Effective processes were followed in the laundry to reduce the risk of cross contamination.

Learning lessons when things go wrong
• The registered manager constantly monitored incidents, accidents and events to identify any learning which may help keep people safe. This enabled any trends or themes to be identified, so action could be taken to mitigate the risk and prevent reoccurrence.
• For example, when a person repeatedly slid out of their chair, staff had made changes to the chair, with the agreement of the person, which had reduced the frequency of incidents. Another person had burnt themselves and staff had a group discussion during a team meeting to identify ways of preventing a

recurrence.
• When staff identified that a person's medicine was making them sleepy, they were praised by the medicines optimisation team for using "professional curiosity" to explore the reasons. They discovered an error in the prescription and alerted the relevant authorities so it could be amended and lessons learnt.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Detailed assessments had been completed which clearly identified the choices people had made about the care and support they required. Comprehensive care plans had then been developed and were updated whenever people's needs or wishes changed.
• People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. Their diverse needs were detailed in their care plans which included their needs in relation to culture, religion, diet and sexuality, including gender preferences for staff support.
• Staff followed best practice, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Where people had been assessed as needing pressure-relieving equipment, this was being used.
• Staff were aware of the latest guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care and had developed individual oral care plans in consultation with each person.
• Staff supported people to achieve a good quality of life. For example, there was information in each person's care plan about specific diagnosed conditions and the support they needed with these.
• Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and movement-activated alarms, linked to the call bell system, were used to alert staff when people moved to unsafe positions.
• The provider had invested in an electronic care planning system that was in the process of being implemented. This would help ensure people's care records were accessible to staff and remained up to date.

Staff support: induction, training, skills and experience
• People and family members told us staff were knowledgeable and highly competent. Comments included: "The staff are good. It's the best place I've ever lived". "The staff look after me well" and "Staff overall are good, [my relative] is happy with everybody".
• Health and social care professionals also praised the competency of staff. Comments included: "Their clients have complex needs and staff are very skilled at supporting them" and "The staff are very knowledgeable, they have a good understanding of mental health needs".
• Staff were suitably trained. New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff.
• Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Staff were also supported to gain vocational qualifications relevant to their role.

• Experienced staff completed a wide range of additional training to meet people's needs, which was refreshed and updated regularly. A staff member told us, "We recently did training in personality disorders which was relevant as we now have a person with it and it's helped understand their behaviours better."
• Staff demonstrated an understanding of the training they had received. For example, we saw they used moving and handling equipment in a safe way and communicated with people living with dementia effectively, using short sentences and giving them time to respond.
• Staff told us they felt supported in their roles. A staff member told us, "I feel appreciated and supported. [The registered manager] trusts me and will even cover for me if I have to leave at short notice [due to a personal commitment]."
• Staff received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed to assess the performance of staff and any development needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were met. Each person had a nutritional assessment to identify their dietary needs and preferences. For example, some people needed a modified diet or a low-sugar diet and records confirmed they received this consistently.
• People praised the quality of the meals and had access to a wide choice of meals and drinks. Comments include: "The food is fantastic", "It's a very well organised menu, they rarely repeat meals" and "The chef keeps an eye on how much sugar I eat".
• People were encouraged to maintain a healthy, balanced diet, based on their individual needs. Where people experienced unplanned weight loss, staff referred them to GPs or specialists for advice and offered meals fortified with extra calories.
• Where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on a one-to-one basis.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The service had strong links and proactively worked with healthcare services, including mental health professionals, to achieve the best outcomes for people. A mental health professional told us, "We always listen to what [staff] say, as we trust their judgement. Their referrals are always appropriate, they never raise the alarm unless it's necessary."
• Feedback from another mental health professional showed that admission to hospital for one person was "considered, but avoided, in no small measure due to the dedicated, attentive care provided by staff at Newport Residential Home".
• Staff advocated on behalf of people to ensure they received healthcare support in a timely way. For example, the registered manager described how they raised concerns when a person's medicines were changed and their mental health declined, leading to hospital admission. They worked with healthcare professionals to review this and visited the ward every week to monitor the person's progress.
• A family member told us, "They [staff] got the [occupational therapist] to visit and gave [my relative] this special chair. They are also being proactive in getting a new assessment for a new wheelchair for her."
• Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure continuity of care. Where needed, staff accompanied people to medical appointments. One person told us, "I have monthly blood tests and injections every few weeks and they [staff] take me for those."

Adapting service, design, decoration to meet people's needs
• Adaptations had been made to the home to meet the needs of people living there; for example, some corridors had handrails fitted to provide extra support to people and a passenger lift connected the upper

and lower parts of the building.
• There was a range of communal areas available to people, including a dining area and lounges which allowed people the choice and freedom of where to spend their time. Comments from people included: "It's nice here" and "It's homely and warm".
• There was a rolling maintenance programme in place to help ensure the building remained fit for purpose; for example, a new wet room had been created, to make it easier for people with limited mobility to shower, and new flooring had been laid in some areas.
• People's rooms were personalised and reflected their personal interests and preferences. A staff member told us, "We often decorate people's rooms if they go into hospital. It's nice for them to come back to a clean, fresh room."

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.

• Where people had capacity to make decisions, we saw they had signed their care plans to indicate their agreement with the proposed care and support.
• Where people did not have capacity to make decisions, staff had completed MCA assessments, consulted with those close to the person and made decisions in the best interests of the person.
• Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.

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 found they were. DoLS authorisations had been made where needed and were awaiting assessment by the local authority.
• One person told us, "I can come and go as I please, and I do. I go for walks most evenings."

Good

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People spoke positively about staff, describing them as "kind" and "caring". Comments included: "My faith in humanity was restored the day I moved in here. The staff are lovely", "The staff really care; they care so much it's upsetting as I don't think I'm worth it", "I'm comfortable here. It's got to be one of the best places I've ever lived and you can have a good laugh with staff" and "They treat us well".
• A family member told us, "[My relative] seems happier and more content [since moving to Newport Residential Home]. I hear the staff being very soft and giggly with her, even when they don't know I'm there." another family member told us, "They [staff] were very fond of [my relative] and took really good care of him. He always smiled and looked happy."
• A social care professional told us, "[Staff] are caring, without being overly paternal, and understanding of the needs of individuals and how their mental and emotional well-being impacts upon them."
• We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, when supporting a person to a chair, the staff member said, "Would you like to sit in the chair with the arms as you find that easier, don't you?"
• Staff had created an atmosphere in which people were relaxed and felt able to talk openly about their goals, aspirations and mental health needs, confident in the knowledge that they would not be judged.
• Information about people's life histories and preferences was recorded and staff used this knowledge to communicate with people and build positive relationships. This was demonstrated by comments people made, including: "I feel they [staff] understand me", "[The staff] are lovely and warm, very understanding" and "I feel they understand my [mental health] condition".
• A social care professional echoed these views and said, "Staff are very caring and supportive. It's a very compassionate place. The residents feel it is their home and their needs are respected."
• Staff received training on equality and diversity. They worked to ensure people were not discriminated against any protected characteristics, in line with the Equality Act 2010, and gave examples of how they had supported people to live the life they chose.
• People and staff had recently had the opportunity to attend presentations about LGBT (Lesbian, gay, bi-sexual and transgender) to enhance their understanding of the support people from these communities might need.
• Staff went above and beyond what was expected of them to support people to follow their faith. One person with a strong faith wished to go to church every Sunday and a staff member attended most Sundays to accompany them to church in their own time. When asked why they did this, they told us, "Because I know how important it is to [the person] and his relationship with God."

• Polling for the general election was taking place on the first day of the inspection, and we saw people were encouraged and supported to visit the polling station to cast their vote. This showed staff understood and respected people's rights.

Supporting people to express their views and be involved in making decisions about their care
• People were placed at the centre of the service and were consulted on every level. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Their views were sought and they were listened to.
• We heard people being consulted throughout the inspection about where they wished to go and what they wished to do.
• People had keyworkers; these were nominated members of staff allocated to provide additional support to each person. Their role included supporting the person to maintain contact with family members, reviewing their care plan and supporting the person to access activities they might enjoy.
• Records confirmed that people had regular meetings with their key workers to discuss their views and make decisions about the care they received; these included decisions about their choice of activities and how they wished to be supported.
• Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity, and their privacy was respected. One person said of the staff, "They give me privacy when I want it. They respect my privacy."
• Staff described how they waited outside the bathroom while some people showered. This gave them privacy with the security of knowing someone was available to support them if they needed it.
• We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential. In addition, information stored on computer was password protected.
• People were supported to maintain their independence and each person had an independence plan in place.
• Staff told us that they encouraged people to complete tasks for themselves as much as they were able to. For example, people were encouraged to make their own drinks and snacks, to do their laundry and tidy their rooms. A staff member told us, "We never say to people 'You can't do it'. We support them to do whatever that want to do."
• One person had been given a plate guard to help them eat independently, without staff support. Another person wished to look after their own medicines and had been given a secure cupboard to enable them to do this safely.
• Care plans also encouraged staff to promote independence; for example, one said, "I am able to wash my face. I can put on tops and will ask for help if I need it."

Outstanding ☆

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

• A wealth of activities were provided which enriched people's lives, promoted wellbeing and encouraged social inclusion. Each had been individually designed to support people's goals and aspirations in a highly effective, therapeutic way. These included yoga, mindfulness, cooking, pet therapy, craft work and trips to local attractions.

• Particularly innovative examples included art and photography activities, with an independent graphic designer funded by the provider, which 10 people had engaged in. These had started within the home and had gradually extended outside of the home, into the immediate neighbourhood and then beyond. People who had previously been reclusive developed enhanced levels of confidence they had never experienced before; they had started to broaden their horizons and interact with community groups.

• This success led to the further development of the project, which included running two pop-up art galleries to exhibit their work in the local town. People were fully involved in every aspect of this, from designing and sending the invitations, to arranging their work and greeting visitors.

• Another project used independent food technicians to support people who wanted to develop their cooking skills, as a step towards achieving their goal of independent living. The provider had created a specially designed kitchen for this purpose, where people could work in a safe and controlled environment.

• For some people, these were huge accomplishments that had significantly enhanced their self-esteem. Along the way, each had achieved personal goals and enjoyed improved mental well-being. One person said, "It's given me self-confidence and a sense of achievement." Another person said, "40 to 50 people came to the last exhibition. It confirms a sense of satisfaction, having your work admired."

• Staff told us the positive outcomes had "transformed" some people's lives and this was confirmed by a social care professional who told us, "Staff took [activities] into a new space, beyond where they normally sit and used them therapeutically. There has clearly been a de-escalation of behaviours as a result. It has had a really positive impact on people."

• Staff often went the extra mile to support people with activities designed to achieve their personal goals. For example, a staff member was planning to take a person Christmas shopping in their own time. The person was reluctant to visit shops and this was one of their goals. The staff member explained that the person was more likely to agree to go if they knew the staff member had made an extra effort to support them. This demonstrated a high level of insight and understanding of the person and the triggers that could be used to motivate them.

• People were supported to maintain relationships that were important to them. For example, a staff member had accompanied a person to visit a family member, something they had been too nervous to do on their own due to the circumstances in which the family member was living. Another staff member had

discovered that a person had relatives they had lost touch with and over a period of time encouraged and supported the person to make contact. As a result, the relative had started visiting the person, which had improved the person's sense of identity and wellbeing.

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

• We consistently received extremely positive feedback from people and their relatives about the highly personalised and responsive care they received. The registered manager and staff were passionate about the care they provided to people and were committed to providing high quality care at all times to achieve excellent outcomes for people.

• People told us staff had an exceptional understanding of them as individuals, including their complex mental health needs. Comments included: "Everyone is trying to help me, that's all they want to do. If I'm having a bad day they prompt me to have a shower as they know that helps", "I'd be dead without this place, I'd given up hope" and "The night staff are so lovely, they relax me and help me go to sleep. I trust them implicitly".

• Staff understood that people's mental health needs varied from day to day and worked hard to meet these consistently. A staff member told us, "Some people are really up and down. Every day is different for them, you just have to go with how they are and what they want."

• Similarly, staff understood that the mobility needs of the older people living at the home were variable. They accommodated these by continually assessing the support and equipment people needed each time they wanted to mobilise.

• A senior staff member told us, "We really try to take a person-centred approach to supporting people. Everyone has different needs and has to be supported in a different way.

• Staff understood people's needs, wishes and preferences and could explain them to us. For example, they knew how to support a person with complex needs who could behave in a way that put themselves and others at risk.

• One person told us, "[My keyworker] can read me like a book. She really listens and offers me sound advice. If I'm having a crisis I [talk to] her and feel so much better afterwards." Another person said, "My [keyworker] is blooming lovely. We have a good rapport. She knows how I am just from looking at me."

• Care plans included 'relapse indicators' to help staff identify when a person's mental health was deteriorating. Staff were then able to intervene early by providing extra support and seeking advice from community mental health services. The indicators were supported by a 'Wellness recovery action plan'. This had been completed by the person and included detailed information about the support they would need to aid their recovery if they went into crisis.

• Mental health professionals praised staff for their proactive approach. Comments included: "Staff are very responsive. They are very quick to call us up to discuss residents' needs and liaise with all relevant professionals" and "[The registered manager] is usually the person who raises the alarm that a client is not well and staff work with us collaboratively throughout a patient's stay".

• People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives; for example, what time they got up or went to bed, what they ate and where they spent their time. Comments from people included: "I get lots of freedom, I can go out when I want" and "I do what I want to do. If I want to do [therapy], I do. If not, I don't".

• To support people to make informed choices about the menu, the chef offered taster dishes for people to try. Those that proved popular were added to the menu; for example, enchiladas were recently added in this way.

• Detailed care plans had been developed for each person and provided comprehensive information to enable staff to support people in a personalised way. These were updated monthly or when people's needs changed and included a discussion between the person and their keyworker.

• Care records confirmed that people were consistently supported in line with their care plans.

End of life care and support
• At the time of the inspection, no one at the home was receiving end of life care. However, staff had experience of supporting people at the end of their lives and expressed a strong commitment to supporting people to receive a comfortable, dignified and pain-free death.
• One person told us that after another person had died, they witnessed "four [staff members] crying over him because they cared so much". This demonstrated the compassion and empathy staff had for people and their families.
• A family member described how they had been "blown away" by the quality of care provided to their relative in their final days. They told us five staff members had gone the extra mile by coming in to sit with their relative "for a few hours at a time" because they had formed such a strong bond with them. They said this had given them "great comfort", especially as two of them had been there at the time of the person's death.
• They added: "[My relative's] room was made cosy. They used a light to play patterns on the ceiling of stars and the moon, which made it really peaceful. He used to love looking up at the lights."
• Links had been developed with community nurses and palliative care services to enable staff to seek specialist advice and support when needed. A family member told us, "Communication was really good. [Staff] were in contact with the hospice and a nurse came in daily to change the syringe driver." A syringe driver is a device that administers symptom control medicines in a continuous way to help keep the person comfortable.
• Information about people's end of life wishes was recorded in their care plans to help ensure they would be known and met when needed.

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.
• People's individual communication needs were explored, and staff described how individual needs were met through differing communication methods. For example, one person used flash cards to indicate their wishes.
• Information could be given to people in a variety of formats, including large print format if needed. Large, individual signs had been posted around the home to help two people find their bedrooms.

Improving care quality in response to complaints or concerns
• There was an accessible complaints procedure in place. Everyone we spoke with expressed confidence that their concerns would be listened to, taken seriously and acted on. A family member said, "Any issues I raise with the [registered manager] get resolved."
• Staff supported people to record their complaints in a 'complaints book'. Records showed that each complaint had been responded to and resolved promptly, in accordance with the provider's policy.
• The manager described how they used learning from complaints to help drive improvement and reduce future risks.

Outstanding ☆

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

• People and their relatives, as well as health and social care professionals, consistently told us the service was exceptionally well managed. They described an outstanding culture where staff were inspired to achieve the very best outcomes for everyone they supported.

• Comments from people included: "This is a good home, they really care about us", "I'd recommend it, it's well run and organised, the manager's a real peach" and "I get on well with the manager, she is excellent". A family member described the service as "truly amazing".

• Professionals were similarly impressed with the management of the service and added: "I would describe the leadership as outstanding", "It is one of the best homes around and I am always happy to recommend it. The service they provide is exemplary" and "The way [the registered manager] goes above and beyond for her clients is outstanding, particularly in the current climate where there are so many pressures [within mental health services]".

• The registered manager had a clear understanding of what was happening in the service. They were a visible presence and acted as a positive role model for staff. They had cultivated a caring, inclusive and empowering culture based on a set of values that put people at the heart of the service. A social care professional told us, "[The registered manager] is one of the most caring managers that I work with. She always exhibits great compassion for people. She is committed to making people's lives as fulfilled as they can possibly be."

• A staff member told us, "[The registered manager] has done a lot in the past few years to move things forward. It's now more efficient, more compassionate, more person-centred. She goes over and above every day. She is passionate about this place and really wants to do the best for people."

• The provider's values included person-centred care and encouraging people "to be the best they can be". Our observations confirmed that these values were embedded in the culture of the service and fully understood by staff who frequently went above and beyond to support people. Examples included: coming in to be with people they had formed strong bonds with during their last days of life, taking people shopping and buying small gifts for people to cheer them up.

• Staff used their own words to describe this ethos, which further demonstrated their understanding and commitment to the vision and culture of the service. Comments included: "We treat people as we would want to be treated and support them to be the best they can be", "We want the very best for the home and for everyone in it to have a decent quality of life", "I'm here for the residents, this is their home and I try to do my best for them" and "You try to look at each person and do the best you can for that person to be the best they can be".

Working in partnership with others
• The service had forged a strong partnership with a local independent activities provider. They had collaborated closely to develop a range of innovative, therapeutic activities designed to enrich people's lives and support them to achieve their full potential. One of the activities workers told us, "This is my favourite place to come. Staff are always interested in what people are doing and pop in and out of the sessions all the time."
• There was also evidence of strong relationships, built on mutual respect, with specialist health and social care professionals. A healthcare professional told us, "[The registered manager] goes above and beyond whenever a client is admitted [to hospital]. She advocates for her clients and will be assertive with us if she feels the person isn't ready to move back or is being sent home too early."
• This was confirmed by a social care professional who told us, "[The registered manager] is always happy to challenge authority, when necessary, in the interests of better meeting the needs of individuals and provides justification for her arguments."
• Staff had developed links with advocacy services to support people who did not have relatives to act for them. An advocate is an independent person whose role is to befriend people and help them express their views.
• Other links had been developed with community groups, including a local school, whose children visited often to interact with people. During the inspection, the group visited to sing carols with people, which everyone clearly enjoyed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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
• There was a clearly defined management structure in place, consisting of the provider, a registered manager, a deputy manager, an assistant manager and senior support workers. Each had clear roles and responsibilities.
• The provider had a rigorous and highly effective system to continually assess, monitor and improve the quality care people received. This included checks and audits covering all key areas of the service.
• Where improvement actions had been identified, they were monitored using a rolling action plan with completion dates and details of the person responsible for completing them.
• The registered manager demonstrated an open and transparent approach to their role. The previous performance rating was prominently displayed on the premises.
• There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
• CQC were notified of all significant events that occurred in the service.

Continuous learning and improving care
• As part of their quality assurance processes, the registered manager continually reviewed complaints, accidents and incidents. Information was analysed and action taken where needed.
• The provider had engaged with the local authority quality improvement team and the Clinical Commissioning Group's Medicines Optimisation team, who had conducted reviews of the service. Few recommendations had been made, but these had all been implemented promptly.
• A social care professional told us, "[The registered manager] is very forward thinking and innovative. For example, in respect of exploring different models of care. She is always on the lookout for ways to better support people on a day to day basis."
• The registered manager kept up to date with best practice guidance by engaging with forums for managers organised by the local authority and provider groups. This helped them continually drive improvement.
• A social care professional told us, "[The registered manager] has really engaged with provider forums and is keen to share her views and provide support to others. For example, she has provided coaching for other

managers and offers peer support. She is very collegiate with colleagues and is part of the 'outstanding managers' network."

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

• People and relatives told us they were fully involved in the running of the service and their opinions were sought.

• The provider consulted people in a range of ways. These included quality assurance surveys, 'residents' meetings' and one-to-one discussions with people and their families. The registered manager acted on people's feedback; for example, following feedback from people, they had recently enhanced an outdoor shelter that people liked to use.

• The provider produced monthly newsletters for people living at the service and their families. These advertised forthcoming activities or special events and highlighted what people had achieved in the previous month. The format was accessible to people and used pictures and photographs, with relevant permissions.

• When new staff were being interviewed to work in the service, people were involved in meeting them and their views were taken into consideration. This meant that people had a say in who was supporting them in their own home.

• A social care professional told us, "[The registered manager] has created a community atmosphere in the home that's not at all institutionalised. They really do seek people's views, it is at the very core of everything they do."

• Staff were enthusiastic about their work and were fully engaged in the way the service was run. They enjoyed a good working relationship with their colleagues and worked well as a team. One staff member told us, "Everyone's got each other's backs. If you needed a hand, they would come running."

• Staff told us they enjoyed working at the service and spoke very positively about the registered manager, describing them as "supportive" and "inspirational". Other comments about the registered manager included: "She is helpful, considerate, thinks of her staff and is always there for you", "She is brilliant, very knowledgeable; she's just on it", "She values our ideas and is always happy to listen to them" and "If we need advice, she is always available. I even called her when she was [on holiday] once and she was fine about it".