

Black Swan International Limited

Drummonds

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 26 and 27 February 2018 and was unannounced. The inspection team consisted of one inspector. The service was previously under a different provider until Black Swan Care Group purchased it in October 2016.

Drummonds is a Care Home for adults with physical and learning disabilities and is situated in Feering, a village on the outskirts of the Essex county town of Colchester. The service has accommodation for up to 41 adults. At the time of our inspection there were 36 people living in the service. Most people have single rooms whilst others have been given a choice to share a large bedroom. The service has the following facilities communal bath/shower rooms, kitchen, four dining rooms and lounge, cinema room, video calling room, sensory room, enclosed garden and secured swimming pool with the latter located at the back of the care home and has suitable access and aiding equipment. There is also parking available at the service.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection, the service did not have a registered manager, as the manager had been newly appointed and was due to have their registration interview with the Commission shortly after our inspection. We have since received confirmation that the manager has been successful in their registration. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe due to the support being provided by the service. Their human rights were properly recognised, respected and promoted. The service worked hard to ensure that personalised and suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Accident records were appropriately maintained and these were kept in line with data protection guidelines. The service continually looked at other ways in which it could improve people's lives by empowering them to do as much as they could but maintaining their safety at all times.

In-depth induction programmes were provided for all new employees and a wide range of training modules were available for the staff team, many of which were essential components of individual learning and development plans. Training was also provided specifically around the needs of people who lived in Drummonds. Staff members we spoke with were knowledgeable about the needs of those in their care.

Records showed the staff team completed an exceptionally wide range of mandatory training modules and this was confirmed by staff members we spoke with. Regular supervision sessions and annual appraisals

enabled members of the workforce to discuss their personal development and training needs with their line manager.

The dedication of the service, ensuring medication support for people was central to people's wellbeing, meant that it had significantly changed some people's lives in positive ways. Recruitment of staff was detailed and very robust including detailed work on immigration checks and safety checks of prospective staff members to ensure they were suitable to support people.

The service ensured that all staff knew the needs of the people they supported and treated them with dignity and respect. People's healthcare needs were well managed and they had access to a wide range of healthcare professionals.

There was always sufficient numbers of staff to meet people's needs. Suitable arrangements were in place to ensure that staff had been recruited safely; they received opportunities for training and supervision. People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager was aware of how and when to make a referral. People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

People were encouraged and empowered to share their views and opinions. Staff achieved this through using communication methods such as symbols, pictures and objects of reference. The principles of the Mental Capacity Act 2005 were embedded in to practice so that the young people were able to take part in decision making as far as they were able to.

Equality, diversity and human rights were consistently considered and strategies implemented to promote anti-discriminatory practices. We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

People were provided with the opportunity to participate and engage in activities of their choice, which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner due to the service having a robust complaints system in place.

People received effective care that met their health needs. Staff understood and knew how to manage the young people's complex health conditions. Staff worked well with healthcare professionals to deliver their advice and programmes of support. Staff felt valued and were provided with the support and guidance to provide a high standard of care and support. There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements. Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

The management team told us they were continuously looking at ways to improve systems and processes as to stay in line with needs of people using the service and requirements of the regulations.

We found that Drummonds was constantly striving to improve and looking for innovative and creative ways to move the service forward. We found many distinctive characteristics of 'outstanding' evident. This was echoed by the consistent positive comments from those who lived in the service, the staff team and relatives.

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.

The provider and people using the service carried out recruitment checks and ensured that potential new staff were appropriate for the role and supporting people using the service before commencing employment.

There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. Staff empowered individuals by supporting the development of people's own awareness, which enabled them to confidently take perceived risks safely.

The service saw medication support for people as a central part of their work in ensuring people's wellbeing. The way medication support had been delivered had changed some people's lives in positive ways. Medication was managed and stored safely and people were educated on the effects of their medication.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The manager and staff we spoke to had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met. In addition, referrals to health and social care services were made when required.

Is the service caring?

Good ●

The service was caring.

Staff cared for people in an empathetic and kind manner. Staff

had a good understanding of people's preferences.

Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions. Staff knew people well and what their preferred routines were.

Staff showed compassion towards the people they supported and treated them with dignity and respect. People and their relatives were continuously involved in the planning of their care as much as they were able to be.

Advocacy services were available if needed.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Care was person centred and focussed on meeting each individual's needs and the service put people at the core of all the discussion they made.

Staff had developed a very positive way of understanding when people may want to express their concerns in non-verbal ways.

Care plans were reviewed on a regular basis and when there was a change in care needs. People were supported to follow their interests and participate in social activities.

Is the service well-led?

Good 

The service was Well Led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support. There were systems in place to seek the views of people who used the service and their relatives and their feedback to be used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

The management team told us they were continuously looking at ways to improve systems and processes to stay in line with needs of people using the service and requirements of the regulations.

Drummonds

Detailed findings

Background to this inspection

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

This inspection took place on the 26 and 27 February 2018, and was unannounced. The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. During and after the inspection the provider also sent us additional evidence to show improvements that had been made in the service detailing the impact on people.

We spoke with four people using the service; most of the people had complex needs and were not able to verbally communicate with us. We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager, operations manager, senior regional manager, deputy manager, maintenance manager, senior care staff and six of the support staff including agency staff. We reviewed five people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the manager.

Is the service safe?

Our findings

People we spoke to told us they felt safe due to the support being provided by the new provider. One person said, "I have to say over the last year, I have found all the staff to be very nice, and they're much kinder to me and they also make sure nothing bad happens to me or others living in the service, we now have more staff on duty and they [staff] are less rushed." Another person added, "Since Black Swan took over we feel more supported, I feel safe and I know should I need any help staff are either here with me or I can call them and there is always someone here to listen and help us." One member of staff informed us, "After the change over from [another provider] to Black Swan the people in the home appear happier, they are safe, as there is always more of us around to support and this is something we noticed as soon as Black Swan took over."

All staff and people were encouraged to participate and learn on how to improve safety and reduce risk. People and all staff (including maintenance staff) knew how to keep people safe and protect them from harm. Staff and people were able to identify how they may be at risk of different types of harm or abuse and what they could do to protect them. One member of staff informed us, "If I was to witness what I thought to be abuse, I have no fear in going to report it to the manager as I know they would listen to me and act upon it". One person living in the service told us, "I know I can speak to the manager at any time about my safety and also I know when you [CQC] come to visit us we can also tell you our problems." They also went on to say, "If I was really worried about the staff or the manager, I can speak to one of the senior managers as they visit us nearly every week." The manager added that this information could be made available in any format depending on each person's communication needs. For example, the service had individual feelings and emotions communication cards for people who were not able to communicate verbally. Another person living in the service informed us, "I have had safeguarding training this has helped me know what types of abuse can happen in our home, and I see something wrong I know I need to speak to the manager or a member of staff."

The service used technologies and other solutions to make sure that people lived with as few restrictions as possible. Staff spoke of how they had supported people who appeared to be low in mood to ascertain how they can help people to improve people's quality of life. In addition to the communication cards, the manager also informed that people had access to the video calling room in which they could call relatives or the safeguarding team to discuss any concerns they may have should they feel the service would not deal with them, but this had not been the case to date. Another person we spoke told us, "If I am worried about anything I will always speak to the staff but I also I know I can use to video calling screen to call the police."

The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team and CQC. Information about the local safeguarding team, police and CQC was readily available to everyone in the communal area by the entrance. Staff were certain that their concerns would be taken very seriously by their manager. A member of staff said, "We have received training on how to keep people safe. During our training we were informed how to raise a concern and who to contact if we think abuse has occurred." The manager had a good understanding of their responsibility to safeguard people and dealing with

safeguarding concerns appropriately.

People's safety was paramount, whilst still ensuring their independence. Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. Specific risk assessments were in place for people in relation to them having seizures and falls in and outside of the service; this showed how to support the person and respected their freedom. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives.

We found policies and guidance in place on how staff and people should respond in the event of an emergency such as a fire in the building. Everyone coming into the service, be it people, staff or relatives, were given emergency numbers to use in the event of any emergencies. In addition, people told us staff had discussed the emergency drills with them. One person informed us, "I know in the event of a fire I need to stay where I am until either a member of staff or the fire service comes to get me." The service involved people when assessing potential fire hazards and risk, they held discussions with people about causes of fire and what precautions people should take to reduce the risk of causing a fire. The service had individual evacuation and emergency contingency management plans in place for everyone using the service. The deputy manager informed us, "We carry out fire drills with all people using the service to ensure they have a full understanding of what actions to take should there be a fire or suspected fire". People's evacuation plans included their involvement in the plan and people's abilities to keep themselves safe during an emergency.

The service had a robust and effective system in place for safe staff recruitment. The recruitment manager informed that prior to an interview or commencing employment, staff that had shown an interest in working for the service were invited into the office to have pre interview assessment with a member of the recruitment team, only after this visit were candidates considered for interview. The manager told us a number of the people using the service had been involved in the interviewing of potential new staff. One person proudly told us, "I have been to a few interviews and had the chance to ask the questions I wanted which I thought was really important, as at end of the day, the new staff will be supporting me and my friends. During the interview, I have asked applicants if they know what is important to me and why, and I have to say some of their answers are really good and reassuring. I have also found this process helps us to build a working relationship with staff before they start working here." The service was carrying out all the relevant checks before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed and this determined on each person's level of risk. Rotas we viewed also confirmed this. One person told us, "Before we had another [provider] and things were not so good, they were not very good or reliable; as we did not always have enough staff to keep us all safe." The manager adjusted staffing numbers as required to support people needs. The manager confirmed the service employed permanent members of staff for the service and they could use agency staff as and when required. This was evident during our inspection as we met with two of the agency staff who had become part of the team. They worked in the service on a regular basis through individual choice and that of people using the service who continuously requested them. One of the agency staff informed us, "I really enjoy working here the other staff treat me as part of the team and I do not feel left out in anyway. I have also been supporting staff in the service to attending a local tribute as some of the people in the service have expressed an interest in going to see the concert and this really gives me a sense of joy feeling part of the

team."

Medication support for people was a central part of staff's work in ensuring people's wellbeing. The service had a Medication Champion who ensured the safe, appropriate and legal use of medicines by promoting adherence to medicines-related policies and procedures. We observed staff supporting people to access their medication, which was stored in a lockable trolley within a locked room. The deputy manager informed the reason for this level of security was due to the associated risks of each person, and to ensure the safety of people using the service. We asked one person about their medication being locked away and they informed us, "I am happy for my medication to be locked away as someone else living here might come into my room if I was keeping it and take my medication and this might not be good for them".

Medicines were administered in a person centred way and the service had assessed and recorded people's ability to make an informed decision about the medication they had been prescribed. People told us the service spent time with them to help educate them about their health conditions and prescribed medication and the side effects of the medication. The operations manager informed us, "When we took over the service, we spent time reviewing each person's medication so as to ensure it was still required and appropriate." They went on to say, "We now have one person who is on minimal medication and since the reduction we have seen an improvement in their quality of life through the level of engagement and participation in activities around the service." The deputy manager added, "We are continuously holding meetings and conversations with the people's doctors as we looked into potential side effects caused by medicines the people take." The service also made referrals to specialist behavioural analysts when required who supported with the review of people's records i.e. medical history, diagnosis, behavioural chart detailing triggers and times, with the sole outcome of ensuring people were in receipt of the correct medication.

We reviewed medication administration records and found these to be in good order. An internal compliance officer and manager checked people's medication administration records on a regular basis to ensure that all records had been completed correctly. One person told us, "I have always received my medication on time and that goes for the other people living here with me. The staff members giving us our medication will wear a red tabard so we know not to disturb them when they are doing the medication round, as it's very easy to make a mistake which would not be good." All staff supporting people with medication had received appropriate training in the administration of medication. We found staff knowledgeable about people's medicines and the effect they may have on the person. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects, and who to report it to.

People were cared for in a safe and clean environment. The provider employed maintenance staff for general repairs at the service. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. In addition, identified risks such as low ceilings, loose flooring and uneven surfaces had been highlighted with black and yellow hazard tape to aid people using the service. During our inspection the operations manager showed us works that were being carried for a new hairdressers lounge, they also informed us of continued refurbishment and development work which had ceased under the previous provider. The new provider had a detailed plan for modernisation, which had been fully developed with the involvement of people using the service. The plan will ensure safety improvements to many areas of the service including uneven flooring to the front and back entrances and installation of grab rails in all communal areas.

Robust cleaning schedules were in place, which allocated cleaning responsibilities to staff to ensure that the

home was kept clean and regularly monitored. During our inspection, the premises were clean and there were no unpleasant odours. The manager informed us that every member of staff was allocated time during each shift to carry out cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out. During an inspection of people's rooms and communal areas, we found rooms to be clean and tidy. Mobility equipment used to transfer people was cleaned every day.

Staff were engaged and had a sense of pride in their work. Staff we spoke to informed that they always reflected back on whether they would want to live there, making it a person centred approach, even to menial tasks such as cleaning. One staff member informed us, "We take great pride in the home environment, and always make sure that all areas are clean, as I wouldn't want to work in a place that is not clean. I always say to myself and the other staff would you live in a place that is not clean because I know I wouldn't so why should people here not have a clean home." All staff had completed food hygiene training and correct procedures were in place and being followed when staff were supporting people to prepare meals. There was an infection control policy and measures were in place for infection prevention and control.

The operations manager informed us that one of the key focuses for the provider was learning from when things have not always gone as planned. The learning process involved speaking to people and staff in the service to find better ways of improving the quality of the service. In one instance, the use of a new food ordering system meant that people were no longer getting their favourite foods. People expressed their views about this and this was quickly rectified. People now actively worked with staff when they ordered food, including their favourites.

Is the service effective?

Our findings

People and relatives we spoke to felt very confident that their relatives' needs were being fully met by well trained and supportive staff. They told us they found all staff, including those working in the office, to be well trained and to have a good knowledge about the people they were supporting. One relative told us, "I have found all the staff to be very knowledgeable in regards my relative's needs." Another relative added, "My relative has very complex care needs, which I have to say the staff here have always been managed very well, ever since the new company started, I have seen a massive change in my relatives wellbeing." Relative went on to say, "[Name] always looks happy and when I call the home to ask anything about my relative most of them [staff] know how my relative is and can answer most of my questions."

The manager informed us the service tried to only employ staff that had some experience working in care, they added this was due to the service providing support to people with complex needs. In turn, people benefited from receiving effective care from staff that were very knowledgeable about caring for people and staff who also felt supported to obtain the knowledge and skills they required to provide good care. Staff informed that they had received on-going training in the essential elements of delivering care. The staff training files showed that staff received regular training, updates and reminders from the head office of pending or upcoming training. All the staff working in the service had attended training provided in house, by the Local Authority and other training agencies. The service also encouraged all staff to become training champions; 'Champions' are staff who promote best practice in within a chosen area is the service for example, Medication Management and Behavioural Champions'. The Behavioural Champion regularly attended training provided externally on how to manage challenging behaviour whilst keeping people safe; they then imparted this information to other staff to ensure they had the most up to date information on methods of supporting people effectively.

The manager informed that the service regularly worked with social and healthcare professionals who gave talks to staff about how to best support people with complex needs and also what resources would be available to people and the service should they require. For example, a learning disability nurse gave a talk to staff about how improve people's wellbeing and supporting people's relatives in understanding they relative's needs. Learning disability nurses promote the health, wellbeing and independence of people with a learning disability.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the manager and management team. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting.

The induction-training programme including the Care Certificate before they started working in the home and supporting people in the community. The Care Certificate is a work-based achievement aimed at staff that are new to working in the health and social care and covers essential health and social care topics. Staff we spoke to confirmed that they had been through an good induction process and found that had given them knowledge and experience they required. Upon completion of their training staff then worked 'shadowing' the manager or another member of staff in the service. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

Staff told us that they received regular one-to-one supervision from senior members of staff who worked in each geographical area. Senior staff were supervised by the manager and the manager received regular supervision and progress meetings with the operations manager or regional manager. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals. Records we reviewed confirmed this

There was a strong emphasis on the importance of eating and drinking well. The staff team had received training in relation to nutrition and hydration, so they were able to advise about healthy eating and appropriate menu options. People's nutritional needs had been appropriately assessed and nutritional risks had been addressed. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Some people's support plans contained monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. One person informed, "Before [provider] we never had much of a choice in what food is ordered for the home but now, we actively sit with the management team and go through the shopping list, so that we get what we want, not what someone else has decided for us." Another person using the service informed us, "When the new food ordering system was introduced we found that some of our favourite foods were no longer being ordered so we arranged a meeting with the senior management to discuss our concerns. Now others and I are always involved when the shopping monthly shopping list is being put together. This really shows me that they have listened and willing to work with us."

During our inspection, we observed the senior regional manager sitting with people using the service discussing the food-shopping list. Staff also supported people to be independent with the purchasing of their food and making an informed choice. Where appropriate, people were allocated a budget weekly to buy their own food. One person informed us, "Every week staff will take us out whenever we want to go buy our food shopping." Observation of the mealtime experience was very encouraging as we found staff spent time with people supporting them to eat where people had limited dexterity. Staff gave people time to swallow food before offering them another spoonful. Our observation also found the experience to be very social and there was a very positive atmosphere in each of the dining rooms we sat in.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required staff supported people to liaise with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision, staff would then make a decision in their best interests, taking into account their past and present

wishes and feelings. The service had authorisations in place from the Local authority for the three people using the service.

During the course of our inspection we toured the premises, viewing all communal areas and a randomly selected number of bedrooms, which we viewed with permission. We found these to be personalised with objects and pictures displayed that were clearly personal and important to those who lived in these rooms. This promoted people's individuality. The home throughout was warm and comfortable. It had a domestic feel to it and therefore provided a homely environment for people to live in. We saw people had a key to their bedroom door and a locked drawer for private items. We found the building to be well designed to meet the needs of those living in the service.

People's bedrooms were decorated to each individual's personal interest. For example, one person had a keen interest in teddy bears and dolls. They told us that in their room they had pictures of their favourite cartoon characters, dolls and teddy bears and everyday staff made sure this were neatly laid out in their room. Communal corridors were painted different colours to aid people to find their bedrooms unaided by staff. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. For example, the service supported one person to attend college. The person informed us, "I enjoy gardening so the staff have arranged for me to attend some gardening classes and we have even done so gardening in the garden at the back of the home." The service had a level access garden which people had regular access to. The maintenance manager informed us that when the weather is good people could go and plant some vegetables.

Is the service caring?

Our findings

We found staff to be friendly and caring towards people using the service. Staff made people feel that they mattered. For example, staff made eye contact with the person and always waited for the person to have time to respond. A relative told us, "My observations of staff supporting my relative and other people using the service, I have found it to be very caring and staff always put the person's needs first." Another relative informed us, "I have found staff's approach to supporting people to be fantastic and everything they do is done to a high standard, I couldn't have asked for a better group of staff for my relative." One person told us, "I think I have the best staff in the world, they always know how to put a smile on my face."

Our observations of staff interaction with people showed that staff had developed very positive relationships with people they were supporting and people responded very well to them. One person informed us, "Since the change over from [another provider] I am so much happier because staff are so much happier and this has meant the care and support we get has improved. They always listen to me and give me time as I struggle to explain certain things sometimes. Sometimes I will go and sit with the manager or operations manager in the office and they will have a chat with me about how my week has been and if there is anything I need help with." People and staff were relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being.

The service had a very strong, person-centred culture that was remarked on by everyone we spoke with. Care plans were personalised to each individual. One relative we spoke to told us that the staff had worked to make each of their relative's reviews as person-centred and as inclusive as the person wanted it to be. The service worked very closely with other professionals to gain insight on how to undertake specific ways of providing care for each person being supported.

People were supported to be as independent as they chose to be as this was documented in their support plans; the manager also added how they supported people to be independent. For example, we spoke to three people who had been supported by the service to improve their health and well-being, one person was due to start part-time within the home answering phones and taking messages and another person regularly accessed the community[pub] with support from staff. This showed us that the service and staff were continually promoting people's independence and staff respected each other's choices. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

The interactions we saw were a display of respecting people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. This demonstrated that staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key worker, compliance officer and manager to identify any needs or wants they may have, along with their overall well-being. Details of these regular meetings were verified within the support plans we viewed.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person, "I visit my relative every weekend and some weeks staff will take me to visit my relatives who do not live locally." Staff also told of how they had supported one person to maintain a relationship with their relatives whom they had not seen for a number years. When staff mentioned the person's relative's name, the person responded by smiling and appeared excited.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions regarding changes to care provision. People were given the opportunity to attend self-advocacy groups.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working for the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The service was extremely person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. The service had taken into account people's lifestyle, culture, ethnicity, sexual orientation, preference of gender of care staff. People were supported by staff to maintain their personal relationships. This was based on staff understanding what was important to the person, their life history, their cultural background, and their sexual orientation. For example, the manager informed us of how the service had supported two people of the same sex to be in a church recognised partnership. They added, "Two of the people living in the service informed us that they wanted to get into a civil partnership, so we arranged for the local vicar to attend and acknowledge their ceremony; this was also with the support of both of the people's relatives."

The service also encouraged people to access activities in the community. We observed a person who had been supported to access the local pub with their staff member. The person informed us they really looked forward to going to the pub every week as they could have their beer and burger, also have a catch up with the member of staff. The person added, "This wasn't always possible with [old provider]." The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The home had a weekly group and individual activities timetable and included several external outings. We spoke with the activities co-ordinator from another service that was covering, and they told us of the events they organised at the home such as bingo, movies, baking and crafts. They showed us a daily record of care that they had for each person stating their likes and dislikes. During our inspection, we observed them supporting people with arts and crafts. People present appeared to be enjoying themselves, as this was evident by the smiles on their faces. After the arts and craft, a local singer came into the home and performed a few songs and line danced with some of the staff, which brought great pleasure to a number of the people that were watching the performance.

During the inspection, the operations manager and manager told us about the Ambassador program they had running in the service, "Every person matters and our Ambassadors Program assists and provides the voice to treat all equally, compassionately and with the utmost respect and dignity. People using our services are at the core of our values and our Ambassador Program encourages their active participation." The service had the following ambassadors; Resident Ambassador who helped welcome new residents. The person who is the Resident Ambassador informed us, "My role is to support new people to feel as comfortable as possible. We want them to feel right at home very quickly, most importantly we want them to feel safe. I go to meet new people and then provide them with support and ask any questions they may have about the service. The 'questions, answer or concerns' meeting helps new people feel totally welcomed and embraced." The operations manager added, "Each resident ambassador has business cards that they will give to people and their family for easy access and they all have name badges, so people can easily identify them. Resident Ambassadors also help meet and greet visitors at community events, and

viewings. All our ambassadors are very enthusiastic about living at Drummonds and being part of the Black Swan Care Group team."

The Activities ambassador assists the Activities Coordinators in providing a very holistic and tailored activity package. This benefits the residing group of people to meet all individual specific and unique needs. The input and involvement from the activities ambassadors allows the provider to provide new and innovative ideas. We found people and all the staff in the service to be very passionate about working collaboratively to provide the most responsive and effective tailored activities programme within both the service and the community. For example, one person enjoyed seeing tribute concerts, staff we spoke to and the person informed how they were all currently working on making a booking for them and other people to attend a local tribute concert. The person informed us, "I am really looking forward to the concert and I am sure my friends [other people in the service] will enjoy it too." Recruitment ambassador is given the opportunity to participate in the recruitment selection process by being present during interviews and are a valuable part of the search for new members of staff. The operations manager informed that the provider valued the opinions and voice of people living in the service, as they are paramount in recruitment of the correct candidates.

The service was actively looking at ways to include people using the service and so roles had been created as to give people a sense of purpose, meaning and enhancing their lives and wellbeing. The manager informed us, "We are currently looking to develop additional ambassador roles, after two people requested to be Communication ambassadors with an aim to help non-verbal people to have a voice by enabling this through means of a suitable communication aid or device. A further two people have also requested to be 'Food Ambassadors' with aim to support people to enjoy a variety of food through personal choice and presentation. At present these are not currently recognised ambassador roles so we are working with the residents to define this initiative into meaningful roles that could be shared with the rest of Black Swan homes."

Each person had a detailed support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews.

The operations manager also added that consultation had been held with people and relatives of the service to ensure that all development was to the liking and choice of people, as this was something the provider had identified as integral to people lives. One person informed us, "I was given a choice of the colour scheme in my room". Another person informed us, "I am a big football fan so my room is decorated to my interest in football."

The service ensured that people's end of life care planning was detailed to ensure people's end of life was as comfortable, dignified and as pain free as possible. All staff had completed specific training in end of life care and support plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. For example, one person's end of life care plan was detailed to the point that it documented what the person wanted to have with them in their coffin; this being their favourite blanket and teddy bears, as well as the type of funeral service they wanted and music to be played during the funeral. Other details in their plan included their preference to be nursed or cared for in the home when coming to the end of their life and that they would like to be kept pain free and comfortable. This was not limited to this one person, as we also saw several other support plans that were this detailed.

The manager and staff met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. The service used the information they gathered to make appropriate changes to people's support plans. Staff also carried out comprehensive assessments of people's needs before they started using the service, this information would then be reviewed on a monthly basis to ensure information recorded was still a true reflection of people's needs. The service regularly spoke with people, relatives and professionals involved in people's care in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they started using the service.

The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. The operations manager also informed that the service was looking at supporting people using the service by purchasing additional assistive technology and software to aid communication such as Grid Pads, Light writers, eye gaze machine and iPads, as some people could benefit from communicating with friends and family. One member of staff informed us, "The home has bought talking books for people this was due to them not being able to always verbally communicate their needs. And now people can take the book with them everywhere and when asked a question they can use words within the electronic book to respond and give an answer." Another member of staff also added, "We know the management team is looking at purchasing software online which helps us make communication aid cards with pictures, these cards will have either a picture of a meal, drink, toilet or bed. So when a person is verbally unable to communicate they can use them to show staff what they need support with, and staff are able to support people promptly and know exactly what they need help with."

The operations manager informed that the service was currently in the process of having the sensory room refurbished and would soon be accessible to everyone in the service. As well as the sensory room, the service also had a cinema room, which people had regular access to and during the inspection, we spent some time with some of the people as they watched a movie on the big screen. One person informed us, "We have Netflix in our cinema room so at any time I can come and watch a film of my choice we also have a DVD player so if my relatives bring a picture or video from home we can watch it on the big screen". The deputy manager also added that the service had an indoor swimming pool, which had all the necessary equipment to support people to get access as independently as possible however; this was currently not in use due to the cold weather.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. The complaints we viewed had all been dealt with in a timely manner with appropriate responses.

Is the service well-led?

Our findings

The manager was visible within the service and we were informed that in the absence of the manager the staff were supported by the regional management team, deputy manager and senior care staff who all took responsibility in looking after the service and kept them up-to-date of all the changes and concerns.

The provider's managerial structure ensured people, staff and relatives had more than one avenue of support in the absence of the manager. The service had leads across the service who in turn reported to the manager and operations manager. The operations manager informed us due to the size of the service, the provider had deemed it necessary to ensure all staff and people working in the service had the support they need to carry out their roles. In addition, all the managerial leads brought in different types of experience and expertise, which would be beneficial to people using the service. The operations manager informed us they and/or regional managers visited the service on regular basis to ensure the service was running well and to hold regular meetings with people and staff to offer support. The manager had a very good knowledge of people using the service and their relatives.

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff that had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

One member of staff informed us, "[new provider] has been polite and kind to all the staff and they have come a long way since they first took over from [another provider] in the way that they have learnt about managing the services and people we support, but I feel we can still do even better as everything we do is about the people using the service."

The manager told us that their aim was to support both the person and their family to ensure they felt happy using the service. The manager held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they felt involved in the continual improvement of the service. One relative added that during the expansion of the building, the service regularly communicated with family members to get their suggestions on decisions such as bedroom themes for the respite rooms and furniture for the gaming and art room.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager was supported by the compliance officer to carry out a monthly manager's audit where they checked care plans, activities, management and administration of medication within service. Actions arising from the audit were detailed

in the report and included expected dates of completion and these were then checked at the next monthly audit and reviewed by the Operations Manager to ensure the service was running well. Records we held about the service confirmed that notifications had been sent to CQC as required.

The Operations manager informed us that the service was continuously working in partnership with external organisations with the aim of improving people's quality of life. They informed us, "We are currently working with Chelmsford college looking at apprenticeships people can register for we are also working with ECL(Essex Care Limited) to find people job opportunities in the community within our garden centre as some of the people have expressed an interest in gardening.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.