

Somerset Care Limited

Halcon House

Inspection report

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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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Halcon House is a residential care home providing personal care and accommodation for up to 18 people at any time. The service specialises in providing a service to people with complex physical disabilities who require respite care. There are currently eight people who live permanently at the home and approximately 80 people who use the service for respite care. At the time of the inspection 18 people were using the service.

At the last inspection in March 2015, the service was rated Good.

There is a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Halcon House provided a service to a constantly changing group of people whose needs were varied and complex. However everyone we spoke with felt their needs were met and everyone said they felt valued regardless of their abilities. One person said, "Everyone is accepted for who they are." Another person told us they felt part of a large family. They said, "People say there's no place like home. I say there's no place like Halcon."

There was a very happy atmosphere in the home and laughter could be heard throughout the building. People were extremely comfortable with the staff who supported them and people engaged in friendly banter with each other and staff.

The registered manager promoted an ethos of equality and inclusion which helped to give people a sense of belonging and self-worth. Staff worked hard to break down barriers between staff and people using the service to make sure everyone felt valued. One person said, "I don't think of it as a care home. It's just home."

The registered manager, staff team and the provider were committed to providing a high standard of care to people. They listened to people's views and suggestions and acted on these wherever possible. People spoke extremely highly of the service and the staff. We asked one person how the service could be improved and they told us, "You can't improve on perfection."

Staff at the home received training which ensured they were skilled and competent to meet people's complex needs. Staff had specialist skills which helped to promote people's choice and control over their care and treatment. One person said, "They know us all really well and they know how to do things properly." A visitor said, "The staff are absolutely marvellous they cope wonderfully with everything."

Risk assessments were carried out in partnership with people to enable people to maintain their independence with minimum risk to themselves or others. People felt safe at the home and with the staff who supported them. One person said, "I couldn't really feel safer."

There were sufficient numbers of staff to meet people needs in an unhurried manner. People told us they never felt rushed and staff always had time to talk and listen.

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 continued to provide safe care.

The balance between risk and personal freedom was well managed and risk assessments were carried out to enhance independence not restrict it.

There were systems in place to minimise the risks of abuse to people.

People's medicines were well managed by staff who had received specific training to carry out the task.

Is the service effective?

Good 

The service was extremely effective.

People received care from staff who were highly skilled in meeting their complex needs.

People were supported to access healthcare professionals according to their individual needs.

People were supported to use a variety of communication methods which enabled them to express their choices and consent.

Is the service caring?

Outstanding 

The service was extremely caring

People were supported by staff who kind and caring and involved people in all decisions about their care and support.

People were supported by staff who knew them well and respected their wishes and lifestyle preferences.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People received care that was extremely personal to their wishes

and needs.

People were listened to and their ideas and suggestions were put into practice where practicable.

People were supported to follow their interests and hobbies and staff worked hard to make sure people had access to community facilities.

Is the service well-led?

The service was extremely well led.

People benefitted from a very open and inclusive atmosphere that put people who used the service at the centre of everything the staff and management did.

People received a high standard of care because the registered manager and provider were continually looking at how improvements could be made.

Staff were well supported and staff morale was high which created a very happy atmosphere for people.

Outstanding 

Halcon House

Detailed findings

Background to this inspection

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

This inspection took place on 31 May 2017 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR) in August 2016. 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in March 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 13 people using the service and one visitor. We also spoke with eight members of staff. The registered manager was on leave on the day of the inspection but came into the home to take an active part in the inspection process. The provider's operations manager was also present for part of the inspection. Throughout the day we observed care practices in communal areas and saw meals being served in the dining room. We also attended a handover meeting between staff working in the morning and those working in the afternoon.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, a sample of medication records, minutes of staff and service user meetings and staff training records.

Following the draft inspection report the provider sent us additional evidence which included five letters from people using the service or their family, two from staff members and one from a health and social care professional.

Is the service safe?

Our findings

The home continued to provide a safe service to people.

People told us they felt safe at the home and with the staff who supported them. One person said, "I couldn't really feel safer." Another person told us they felt safer at Halcon House than anywhere else.

The balance between people's safety and their freedom was well managed. Staff appreciated that people were able to make choices about how they wished to live their lives and gave people the information they required to minimise risks. For example; following an incident which occurred when someone was out without staff support the registered manager invited local police to talk at a service user meeting. During the meeting people were able to ask the police questions and were given information, including leaflets and cards, to make sure they knew how to keep safe and how to contact the police if they needed to.

The staff carried out risk assessments to promote people's independence not to restrict them. Care plans contained risks assessments which outlined control measures to enable people to take part in activities of their choosing with minimum risk to themselves and others. One person who had moved to the home on a permanent basis wished to go out without staff support. With their agreement the registered manager had observed them using community facilities and public transport to enable them to make a full assessment of any risks to the person. Following this assessment control measures had been put in place to enable the person to maintain their independence. The person carried a mobile phone so they could contact staff if they needed to at any time they were away from the building. They also had a card with the contact details of the home. The person told us, "I say when I will be back and I take my phone. It has to be charged."

The majority of people using the service had powered wheelchairs which enabled them to mobilise independently. Staff had assessed routes to various community facilities, such as the town centre, public house and bowling alley to enable them to advise people and other staff on the safest routes to use.

Each person had their needs and risks reviewed on each occasion they stayed at the home to make sure staff had up to date information. People we spoke with told us they had been fully involved in discussing any risks and felt they took responsibility for any decisions made. One person said, "They respect my wishes. It's my life."

Some people chose to administer their own medicines and risk assessments were carried out to make sure their practice was safe. Some people did not have the physical ability to administer their own medicines so relied on staff to assist them. However people still felt in control of their medicines. One person said staff supported them with their medicines but always asked them if they were happy to take them on every occasion.

Where people were unable, or chose not, to administer their medicines, systems were in place to ensure they received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Clear records were kept

of all medicines administered to people.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. One person said, "I ask when I want pain relief and they give them. They keep a record to make sure I don't have too many."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. As the majority of people were receiving respite care the registered manager used a dependency tool to assess staffing levels on a weekly basis. This ensured there were always adequate numbers of staff to meet people's needs. One person said, "It takes about one and a half hours to get me up, showered and dressed. I never feel rushed. I have a shower every day, I could have more if I asked." Another person said, "Whatever you want they seem to have the capacity to do. If I have an appointment or just want some shopping there is always staff available to accompany me."

People commenced their respite stay on a Monday and an additional member of staff was made available to up-date care plans and risk assessments with them. This made sure they were reflective of people's current needs and wishes. One person told us every time they came to the home a member of staff went through the care plan with them. They said, "There's always enough staff here to spend time with you and listen to you."

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they would not hesitate to report any concerns and were confident that action would be taken to protect people. Staff were aware that some people chose to place themselves in situations that made them vulnerable and worked with other professionals to make sure people were aware of the possible dangers.

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The risks of abuse to people were further reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. One member of staff confirmed they had not started work until the appropriate checks had been carried out.

Is the service effective?

Our findings

.People received extremely effective care and support which promoted a good quality of life.

Halcon House provided care and support to permanent residents and a large group of people who were receiving respite care. This meant that each week staff were providing care and support to different people with different needs. People had extremely complex needs and staff were highly skilled in providing effective care to them. Everyone we spoke with told us they had confidence in the staff who supported them. One person said, "They know us all really well and they know how to do things properly." A visitor said, "The staff are absolutely marvellous they cope wonderfully with everything."

Where people had specific healthcare needs staff were provided with bespoke training which enabled them to effectively support them. This at times included training carried out by medical clinicians who provided training courses and observed the staff practice. Individual members of staff were signed off as competent once the staff member felt confident, the person had confidence in the staff's ability to assist them and the medical clinician was happy that their practice was safe and in accordance with best practice guidelines. This meant that people could be supported by familiar staff at times of their choosing. For example people were able to fit their care interventions around their activities and lifestyle preferences. One person said "It makes a difference that it's the staff I know. I don't wait for some district nurse I don't know to come in. I'm in charge of the whole thing."

One person had their nutrition and medicines administered through a percutaneous endoscopic gastrostomy (PEG) This is a tube (PEG tube) which is passed into a person's stomach through the abdominal wall. A group of staff had received additional training to enable them to support the person. This person agreed for us to observe their medicines being administered and we saw they were involved and consulted in all parts of the process. The person told us, "I have complete confidence in the team who support me." Before leaving the person the staff member asked when they wished to have their nutrition started and the person told them. The fact that staff at the home were able to competently support this person meant they had freedom and choice over the timing of their care and support.

The staff supported people to maintain their physical fitness and meet their individual needs. For example, before moving to Halcon one person had been receiving hydrotherapy in hospital which they found beneficial. Staff at Halcon identified and assessed a local hydrotherapy pool to enable the person to continue with their exercises and promote their mobility and physical fitness.

One person told us they wanted to go on holiday with their family but needed additional support to do so. They said "I am totally indebted to [registered manager's name] I have chosen two staff to support me and he has made sure they have all the training they need, such as giving medicines and risk assessment training."

All new staff undertook an induction programme to make sure they had the skills needed to meet people's needs and were fully aware of the ethos of the home. One new member of staff said, "From the beginning

you are told everything is about people's choice, everything is about the individual and their preferences." New staff were able to shadow more experienced staff until they felt competent to support people. One member of staff said they had requested additional shadow shifts and this had been arranged without question.

The registered manager and senior staff made sure staff received training that was practical and enabled staff to understand issues from the perspective of the person using the service. One member of staff said their moving and handling training had involved them being hoisted and pushed in a wheelchair. They said, "Once you've done the training you would never help someone without telling them what you are doing. Like going down a kerb in a wheelchair, that's so scary if you don't know what's happening." One member of staff had a degree in speech and language therapy and was able to offer staff training regarding people who had swallowing difficulties. This training had included practical sessions where staff were able to try drinks at various different consistencies to enable them to experience what it was like for people who used the service to have their drinks thickened.

The staff liaised with healthcare professionals to make sure they were supporting people in accordance with up to date best practice and were able to promote people's independence and emotional well-being. Professionals consulted on people's individual care had included; physiotherapists, speech and language therapists and specialist continence nurses. One person had been identified by staff as having complex emotional needs and they were being supported by an appropriate agency on a regular basis. The registered manager told us in their Provider Information Returned (PIR) that staff also had three monthly meetings with their local GP surgery to make sure people's health was monitored effectively and to seek advice where needed.

The staff helped people to see health care professionals according to their individual needs. One person told us, "They sit down and discuss things and help you to go to appointments with specialists." People who lived permanently at the home were registered with local healthcare professionals and there were arrangements in place for people receiving respite care. Staff made sure where people required input from visiting healthcare professionals, such as district nurses, arrangements were made to ensure people's healthcare support was maintained during their respite stay.

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. Staff always worked on the presumption that people could make decisions for themselves which ensured people's legal rights were respected. Where staff had concerns about a person's ability to make a particular decision they involved professionals to assess their mental capacity to make the decision. A member of staff explained to us that there were times when they felt people made unwise decisions. They said, "It may be against our advice but if they have been assessed as having capacity we have to respect it."

Most people who lived at the home and used the service were able to make decisions about what care or treatment they received. Throughout the inspection we heard staff asking people for their consent before they assisted them with any tasks. Some people were unable to verbalise their views and communicated using electronic aids. This helped to ensure people could be fully consulted about all aspects of their life. Staff knew people well and were able to tell us how they supported people to give their consent and make choices. For example some people used gestures and some people were more responsive and able to make decisions at different times of the day. Staff supported people to use technology to increase their independence. For example one person wished to try a gadget that responded to voice activated

commands. This allowed them to adjust their environment, such as the lighting, without staff support and therefore helped to promote their independence.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) The provider had policies and procedures regarding this but no one using the service required this level of protection to keep them safe.

People had their nutritional needs assessed and met. People's individual decisions and choices were respected. Where people had capacity and made decisions which were in conflict with advice, the staff supported people to make sure their wishes were respected in the most appropriate way. For example one person had been seen by a speech and language therapist and it had been recommended they received a pureed diet. This was not in accordance with the person's wishes and therefore staff had worked with the person and the professional to identify foods that could be eaten and enjoyed at a different consistency which was acceptable to the person.

At the time of the last inspection care staff were responsible for cooking meals. A number of people had raised issues with the meals provided and in response to this, cooks had been employed. At this inspection people told us they were very happy with the food provided. Meetings had been held to determine what meals people would like and a menu had been devised accordingly. One person said, "Food is much better these days." Another person said, "The food now is the best it's ever been."

People had been asked at service user meetings when they would like their main meal and the majority had requested it in the evening. On the day of the inspection there was a light lunch and a full roast dinner was served in the evening. People were able to choose where they ate their meal with the majority of people choosing to eat in the dining room. We observed both meals on the day of the inspection. There was a happy social atmosphere in the dining room and staff sat with people to provide support and physical assistance where required.

The building was designed and adapted to enable people to maintain their independence. Corridors were wide to allow people to freely move around in their wheelchairs and there were automatic doors to assist people to easily access outside areas. People said they could access all communal areas and their bedrooms were set up to meet their needs. One person said, "I chose the room I wanted. It's the room that suits me."

People had the equipment they required to meet their needs. Before people arrived for a respite stay the staff ensured that everything was in their allocated rooms to promote their comfort and safety. One person told us "Everything is there like the right mattress and shower chairs." The majority of rooms had overhead tracking to enable people to be safely moved from their wheelchairs, to their bed and into level access showers. There was also an assisted bath available for people who liked a bath rather than a shower.

People had call bells in their rooms and some people had pendant call bells to enable them to summon staff when they needed assistance. The staff had observed that a small number of people lacked the manual dexterity to use call bells. To promote independence and empower people to request help when they wanted it, alternative push button call bells that could be activated in different ways had been sourced and provided to people who required them.

Where people's changing needs meant their requirement for equipment changed staff supported people to

source this. One person told us staff had supported them to acquire a more suitable wheelchair. One person had an issue with a piece of equipment they used. An outside contractor came to the home during the inspection to examine it. Staff took the contractor to the person to allow them to deal with the situation but offered their support if needed. A member of staff told us they worked closely with occupational therapists to make sure people had the most suitable equipment. For example if people who stayed at the home on respite found some items of equipment useful, such as reclining shower chairs or different hoisting slings, this information was passed on to see if it could be made available in their own homes.

Is the service caring?

Our findings

People were supported by an extremely kind and caring staff team.

One person wrote to us to say "I knew the moment I arrived for an initial viewing that this was an exceptional home. It is overflowing with love, warmth, humour and laughter. This is evident not only in the residents, but also with the staff who are clearly happy in their work. It is clear that each and every resident, despite the severity of some severe and complex conditions, feels happy, contented and valued at Halcon House. It is also clear that they could not be provided with better quality care, delivered with love understanding and friendship by a team of highly dedicated and professional staff."

One relative wrote to us to say that their family member spent nine weeks a year at Halcon House. They wrote "From coming home grumpy from their previous care home, they now come home happy and contented." They also told us "I just feel that all the staff deserve a medal. Caring is something special and they have it here by the bucket load."

There was a very happy atmosphere in the home. From the moment we arrived we heard laughter and good humoured banter between people and staff. We observed that staff never walked past anyone without interacting positively with them and listening to them. Where people used electronic communication aids staff showed great patience to enable people to converse with them and share jokes.

Everyone we talked with praised the staff and their caring nature and actions. Some people felt staff went over and above their role to assist them. Comments from people included; "The staff will do anything for you, and I mean anything," and "The care here is second to none. They are not just care staff they are staff that really care about what they do and about us." One person told us, "It's was just like living with friends. The staff and the other people." One person had nominated a member of staff for a national carers' award and the member of staff took the person who nominated them to the awards ceremony.

One person who used the service had nominated the staff team for the Somerset Care 'Outstanding Care Team' award. They wrote on their nomination, "It's almost magic, it's like the expression that was used in the television advert for Sherry years ago "One instinctively knows when something is right" and that's it in a sentence , Halcon has got it right . It's due to hard work and brilliant staff that care, (there is always a lot of laughter at Halcon) This is in no small part down to [registered manager's name] and the senior members of staff who lead by example. Many of 'us ' the service users , have quite complex needs, often the care needed is very intensive but we are always made to feel that above all we are safe, the staff without exception are experienced and capable and that as importantly we matter to them all. As the saying goes ' A chain is only as strong as its weakest link, well there are no weak links in Halcon's chain , it's 100% tungsten steel and completely unbreakable."

One person who received respite care had written to staff thanking them for sharing their "Time, friendship, laughter and love." Another person had written that during their stay they had felt "Welcome, cared for and special."

The staff were pro-active in helping people to maintain their relationships with friends and family. Staff helped one person who missed seeing their family to have face to face conversations with a family member using an electronic tablet. Other people said staff had supported them to visit a relative and one person told us staff were accompanying them on a cruise with their family this summer. This had involved a huge amount of planning and liaison with the holiday provider to make sure the person's needs could be met safely during the trip. The staff accompanying this person were doing so without additional pay because they had a desire to help them to achieve their dream holiday.

Staff had supported one person to source a new wheelchair which would enable them to comfortably attend a close family members wedding. In another instance staff were planning to support two people to attend a family wedding. This included the staff member staying overnight to enable them to support one of the people with their morning routine. The person's relative wrote to us to say "My daughter is getting married in August and [registered manager's name] is coming to help with [person's name] so take the strain off me. He really doesn't have to but the staff bend over backwards to help their clients all of the time."

In another example the registered manager had supported a person on their day off which showed their commitment to people using the service and their caring attitude. One person using the service who had severe verbal communication difficulties had had a fall out with staff at a local coffee shop. They were so upset they felt unable to go back to the shop. The registered manager had caught the bus into town with the person to enable them to go to a different coffee shop. The registered manager supported the person to enter into conversation with staff at the coffee shop. This had enabled the person to confidently use this community facility and helped to promote their future independence.

Everyone we asked said that visitors were always made to feel welcome. One person told us their family regularly joined them for Sunday lunch and a table was set for them so they could enjoy their meal as a family.

In addition to providing care to people during their respite stays the staff team also provided telephone support on a day to day basis to people who rang for advice, support or just to chat. This is not something the staff were paid to do, or something that formed part of the service delivery agreement. We were told by the provider that staff did this because "They genuinely care about people." We were given examples of when people had phoned regarding equipment, family problems and financial issues. In some instances staff had put people in touch with advocacy services or supported them with claiming benefits.

One person told us about an instance when they felt staff really excelled. They said that during a respite stay at Halcon House their home care provider had stopped providing care and they had not been able to find another agency to support them when they went home to their family. They told us "Staff heard about this and with the support of [registered manager's name] they set up a rota. Even staff on holiday offered to help out. Between them they visited me twice a day for five days until there was a bed available here again. They were so kind to do that but they just wanted to help."

In another situation staff from the home had supported a person who was admitted to hospital. This person had extremely complex needs and staff from Halcon supported the person for two days until hospital staff were familiar with their needs. This gave the person and their family reassurance that the person was cared for by people who understood their needs and were able to effectively communicate with them.

The registered manager promoted an ethos of equality and inclusion which helped to give people a sense of belonging and self-worth. Staff worked hard to break down barriers between staff and people using the service to make sure everyone felt valued. One person said, "I don't think of it as a care home. It's just home."

The home had entered a community rounder's tournament, staff and one person using the service played in the team and other people attended the event to support them. We spoke with the person who had played on the team and they obviously felt proud and valued by their participation. They said, "We were a team, I batted and they ran for me. I was quite good actually and we had a laugh."

The registered manager and staff valued people's skills and experience. They discussed and consulted with people for advice. For example one person had good computer skills and the registered manager had talked with them about problems they had with the internet in the home. This had helped the registered manager to approach the provider about their issues. One person told us in their working life they had been involved in recruiting staff and so now assisted with interviews for new staff at the home. This person told us "It would be silly not to use my expertise." Other people were involved in recruitment of staff by spending time with prospective employees in communal areas and giving feedback to the interview panel. This meant they were able to influence decisions about the staff who support them. People were also asked to contribute to interview questions. A recent example was the question, 'What hobbies and interests would you bring and share.'

People were involved in organising events at the home. There was an annual barbeque which was an opportunity for people who used the service to host a party for friends, family and the local community. This event was very much led by the people who used the service. People meet and greet guests, run the bar, set questions for the quiz and organise the raffle.

Staff supported people to be active members of the community and be able to give to others and support charities which all helped to promote their self-worth. At Christmas people had been involved in sending shoeboxes full of presents to children overseas. One person had taken part in a fund raising event and raised over £100 for comic relief.

There was a stable staff team which helped people to build trusting relationships. People looked very comfortable and happy with the staff at the home. Staff knew people very well and accommodated their individual routines and wishes. One member of staff said, "There is a real can do attitude. If someone wants something the manager always wants to make it happen. That rubs off on all the staff."

A number of people had formed close friendships with other people who used the service. During the inspection we saw some people chose to spend time together either at the home or going out together. There was lots of chatter and laughter between people using the service. The service accommodated people's wishes to book their stays whilst friends were also staying and appreciated their needs regarding privacy to spend time together.

Some people had formed long and lasting relationships during their respite stays and the home had hosted two engagement parties. One relative wrote to us to tell us how much staff had supported their family member when they proposed to their partner. They said, "A member of staff went to the restaurant (discreetly) with them and arranged the meal etc. Far beyond their duty but so lovely as they are both in wheelchairs."

Staff had also supported two people who had entered into a meaningful relationship to share a room during their stays at the home. This staff team went to great lengths to promote and support this couple to exercise their rights and choices. A social care professional praised the way the team had worked with the couple and other health and social care professionals. They wrote "You co-operated fully and shared your knowledge and skills at all review meetings held and remained professional, realistic and dedicated to help achieve the best outcome and goals for x and also her partner. To live their life and have a right to

relationships and privacy."

Staff understood how to support people with dignity and respect. Without exception people told us they felt respected and in control of their lives and the support they received. One person said, "You can do exactly what you want to do here." People told us that staff always supported them with personal care in the privacy of their rooms and en-suites.

People's privacy was respected and they were able to socialise or spend time in their rooms. People who lived permanently at the home had personalised their bedrooms which gave them an individual homely feel. We saw that post was delivered to people unopened for people to read when they chose to.

People were fully involved in all decisions about the care and support they received. Each person had a care plan which was reviewed each time they stayed at the home and monthly for permanent residents. One person said, "They go through everything with you when you arrive. Nothing would happen that I didn't want to happen." People had key workers to support them to develop their care plans and make sure they were fully reflective of their goals and aspirations. A matching system was used so that people were linked to staff who, as far as possible, shared their interests and whose personalities matched the people they key worked.

Is the service responsive?

Our findings

The service was extremely responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives and were involved in all discussions about the support they received. Staff offered advice to people but ultimately people were enabled to make their own choices regarding lifestyle and risk taking.

Everyone we spoke with told us the service they received was personalised to them because staff had an excellent knowledge of their needs and the things that were important to them. One person said, "The staff just know how I want things." Throughout the day we saw people followed their own routines with staff support at times that suited them. One person said, "I always feel I can do what I want. Of course I can do very little physically without the staff but that seems to fade away here because they are so natural about everything."

Staff demonstrated a real commitment to personalised care and ensuring people were treated as individuals. Many of the staff, including the registered manager, had worked at the home for a number of years and had an excellent knowledge of the people they cared for. They understood people's lifestyle choices and the personalities of the people who used the service. They supported people to realise their wishes and liaised with other professionals to help to make things happen for people. For example; one person wished to move to a home of their own. This person had extremely complex social, physical and communication needs meaning they required high levels of support to express their views. Staff had worked with the person and other agencies to make this a reality. This person had been allocated a property and was planning their move to a more independent lifestyle. When we spoke with them about this they were extremely happy.

People were encouraged to challenge discrimination to make sure they were treated equally by all services. A number of people had raised concerns about how they booked their respite stays. The registered manager had put people in touch with an independent advocacy service to enable them to challenge the system operated by the local authority. This had resulted in some changes to the booking system and enabled people to book directly with the home. In another instance a person was helped to make a complaint to a local bus company with resulted in a letter of apology from the company.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. People were reminded about how to use the policy through the regular newsletters. People did not express any complaints about the service. One person said, "No one would have any complaints because if you mentioned anything it would be sorted." Another person said, "I can speak with [registered manager's name] about anything. If I had to make a complaint I would and they would do everything they could to put it right. No one would hold it against you, it's not that type of place."

People were listened to and their ideas and suggestions were put into practice where practicable. For example; one person had requested to have a continental breakfast and on the day of the inspection we saw that croissants were available to anyone who wanted them. Another person told us they had asked for a part of the garden to be redesigned to provide a quiet area to sit in and we heard that plans were underway to make this happen. They told us, "I made the suggestion and now it's happening. That's what it's like here."

People were encouraged and enabled to use community facilities. Although people wished to go out in the evening they had difficulty sourcing wheelchair accessible taxis after 6pm. The registered manager arranged a meeting with a local taxi company and this situation was rectified. This showed staff always looked for ways to enable people to be independent and live their lives as they chose even when situations were beyond their immediate control.

People's changing needs were responded to positively. As people's needs had become more complex a number of people felt unable to go out of the home to socialise without support. They had therefore requested that more social activities be available. In response to this a second activities co-ordinator had been employed to increase the amount of activities available to people. People we spoke with said there was now a good range of activities they could join in with if they wished to. On the day of the inspection a small group went out to lunch and to the cinema and other people went into the local town. There were photographs around the home and on social media showing various activities and trips out people had taken part in.

Individual hobbies and interests were supported and encouraged. One person told us they liked to go to football matches and another said they liked doing arts and crafts at the home. Two people said they regularly got a taxi to go into town and another person said they thoroughly enjoyed trips to Weston Super Mare to browse the charity shops with a member of staff.

People who lived permanently at the home were supported by staff to have a holiday each year. Due to the complex needs of people and the equipment they required to meet their needs recent holidays had taken place in the UK. However due to people's wishes some people were going abroad with staff this year. One person we spoke with was extremely excited about going abroad again and had created a countdown board on the dining room wall. One member of staff said, "The arrangements are never ending but it's not about us is it. That's what they want to do and it's up to us to make it happen." One person was going on a cruise with family and staff and the registered manager had agreed to follow them to the port with the luggage and equipment needed.

Care plans were based on people's assessed needs, abilities and preferences. Care plans showed that people had been involved in writing and reviewing their plan of care. Everyone we spoke with felt fully involved in all aspects of their care and support. One person said, "I do my care plan with the staff when I come in. I'm the one in charge of my care and I know what I want."

In addition to care plans that gave staff up to date information about people's needs and preferences there was a handover meeting at each staff change. We attended the handover meeting between staff working in the morning and afternoon staff. Discussions showed staff were monitoring people's well-being and passed on any concerns that needed further observation or other professional advice or support. These included doctor's visits and changes to medication. Staff also passed on information about what people were doing that day and anything people had requested. For example they said one person had gone out and said they would get something to eat so didn't want anything to eat when they got back. They also said another person had been swimming and enjoyed it. All discussions we heard gave clear evidence that people and their wishes and choices were at the heart of everything the staff team did.

Is the service well-led?

Our findings

The home was extremely well led. Previous inspections of the service have demonstrated a track record of high standards of care and a commitment to on-going improvements.

One person wrote to us to tell us about their experience. They wrote, "From the outset I could not have been more impressed by every aspect of my communication with the Manager of Halcon House - and our experience of the work he does, along with his exceptionally dedicated - and extraordinarily caring staff. [Registered manager's name] is enthusiastic, hard-working and very hands-on. He leads from the front, and he and his staff all go the extra mile (or ten) to provide exceptional care and to make things happen for their residents.

Halcon House provided a service to a constantly changing group of people whose needs were varied and complex. However everyone we spoke with felt their needs were met and everyone said they felt valued regardless of their abilities. One person said, "Everyone is accepted for who they are." Another person told us they felt part of a large family. They said, "People say there's no place like home. I say there's no place like Halcon."

The registered manager and provider worked in partnership with other care organisations to make sure people received the best care possible. For example, one person using the service had an acquired brain injury which meant they displayed challenging behaviour particularly during personal care. This had led to a number of incidents which was placing the person's respite stays at Halcon House at risk and therefore could place additional strain on their home situation. In response to this the provider contacted the specialist organisation which provided care to the person at home and it was arranged for them to form part of the respite package for this person. The provider told us, "This continuity has enabled the service to continue, reduced untoward incidents and accidents involving this person to zero. The Halcon team are learning additional skills and techniques from working in partnership with another service."

There was a positive and open culture in the home that put people who used the service at the centre of everything. Staff were proud to work at the home and of the relationships they had with people they cared for. Without exception people felt listened to and involved in their care and the running of the home. One person said, "Everything is about us." The registered manager spent time with people on a daily basis to seek their views and observe and monitor care practices. The registered manager had changed their working pattern to work on a Saturday. They explained to us that some people's family and friends were only able to visit at weekends and they wanted to be available to everyone who used the service. One person told us, "[Registered manager's name] is a marvellous leader. The whole feeling of the place comes from him. He is so passionate about care."

People spoke extremely highly of the service and the staff. We asked one person how the service could be improved and they told us, "You can't improve on perfection." Another person told us how much they liked staying at Halcon House and when we asked why they said, "Because it's great here."

A number of people who were using the service for respite care said if a time came that they needed more permanent care they wanted it to be at Halcon. The registered manager informed us that they had never had anyone stay for respite who did not want to return for a second respite stay. One person who had moved to the home on a full time basis said, "Everything was falling apart. Then I end up here – How lucky am I."

People were cared for in an environment where staff morale was high which created a very happy atmosphere. Staff all told us how much they enjoyed their jobs. One member of staff said, "There is such a lovely atmosphere. It's a great place to work." Another member of staff told us, "I did leave but my other job just wasn't the same. I love it here." People felt comfortable with staff and able to talk about anything and express their views. One person said, "They are so happy and friendly. Nothing is ever too much trouble." Staff were well supported and provided with training and support which enabled them to provide high quality individualised care to people. New staff had a good induction which ensured they were fully aware of the person centred ethos which was central to the care and support provided to people.

The consistent staff team at the home meant people received care and support from staff who knew them well and understood their needs and their individual likes and preferences. Almost 50% of the staff at Halcon House had worked there for over 10 years.

The registered manager and staff team were passionate about providing high quality care that was inclusive and empowering for people. They supported people to access advocates when they needed help or wanted to challenge discrimination. They took action to address issues that they felt would promote people's independence even when solutions were beyond their immediate control. For example meeting with a taxi firm to ensure people could access suitable transport to enhance their independence and social lives.

The staff team shared their passion for providing care through offering work placements to students from the local area and abroad. The registered provider had built excellent links with local colleges which helped to promote the work at Halcon and challenge perceptions and discrimination about people with disabilities. People using the service benefitted from students having work placements at the home because it enabled more trips to happen as there were more people to support wheelchair users. It also enabled people to meet and socialise with students from other countries and share information about their culture. In some instances students hosted themed nights where people could experience food from their home countries. Following on from successful work placements for students from Norway the registered manager had been invited to Norway to share their experience and expertise. The registered manager told us they thought people benefitted from student placements within the home as they often gave another view of the service and how they could improve. It also gave people one to one time with staff who were independent of the provider and therefore enabled them to share their views more widely. One person told us "Some of the young people who come add another breath of fresh air. It's really interesting to talk to them."

The registered manager and provider listened to the views of people and based all improvements around people's wishes and needs. For example people using the service had identified a weakness was the quality of food served at the home. In response to this changes had been made including employing cooks. People commented positively on the quality of meals served with one person who had used the service for many years, saying, "Food is now the best it's ever been."

People benefitted from a registered manager and provider who were committed to ongoing improvements and adapting to changing needs. For example an additional activity worker had been employed in response to people's more complex needs and their requirement for greater support with social activities.

The provider had made sure the home was supported by an operations manager who understood the complex needs of the people who used the service. The operations manager had many years of experience of working with people who had physical and learning disabilities and complex healthcare needs. Their input into the home had enhanced the skills of the staff team and improved the effectiveness and quality of the service provided to people. For example staff had received training in non-invasive ventilation and cough assist which had helped people to have greater control over their health needs. Having these skills in house had also meant people had not had to fit their needs around schedules of visiting professionals.

The provider made sure that when bespoke training was required they sourced this from professionals who understood the needs of the people who lived at the home and used it for respite stays. The registered manager and provider had excellent links with local healthcare professionals to make sure people received the support and equipment they required even when staying away from their usual healthcare networks. The provider's clinical community nursing team also supported the home. A registered nurse from the team told us how their work with staff at the home helped to provide a high quality of care for people. They said, "We believe that by professional knowledge sharing, clinical presence on the frontline and continuous clinical training we are able to provide a responsive, clinically safe and high quality team, that leads to greater retention of staff, a better place to work and a happier more confident environment for all our clients."

There was a clear staffing structure which made sure there were always experienced senior staff available to people. Staff had lead roles for different aspects of the service such as medication, moving and handling and care planning. This enabled specific members of staff to become champions for areas of care and share their knowledge with other staff to increase awareness and knowledge. A number of people using the service had very specialist moving and handling needs and the champions in this area had also been used by the organisation to share their knowledge and expertise with other care settings. For example one member of staff had shared their expertise in the care of people with Huntington's disease with another care home to make sure a person had the most appropriate equipment and care. One member of staff said, "There is always other staff around if you need help with anything. If you need a refresher on moving and handling you can ask and they will do it with you."

There was a strong emphasis on continual improvement. There were regular meetings for people using the service and for staff. This enabled people and staff to share views and make suggestions. People were helped to stay in touch with the service and changes by regular newsletters and social media. One member of staff said, "[Registered manager's name] is always asking how we can improve things. He wants to make things happen if it improves things for us or for people here." Recently students from a local school had assisted people to take part in the Ipsos Mori 'Your Care rating.' This is an independent survey of people using residential services and does not permit staff to assist people. Therefore the use of students had enabled people to share their views about the service they received. The results of this survey were very positive but did highlight some areas where people would like to see improvements. One area was 'Home Comforts' and the provider has taken this result into account and made improvements to décor, improved the broadband through the home, increased the satellite TV package within the home and installed appropriate electrical sockets in bedrooms to enable people to charge electrical equipment.

There were effective quality assurance systems operated by the registered manager and the provider. These included regular audits, themed conversations with people and telephone surveys. Action plans in place at the time of the inspection included redecoration of a number of bedrooms. People were also asked to write reviews on a website where people can rate the service and share comments. Reviews written by people were very complimentary with everyone saying they would recommend the service.

