

# William Blake House Northants Blakesley

## 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Blakesley is a residential care home providing personal care to up to 6 people in one adapted building. The service provides support to people with a learning disability. At the time of our inspection there were 7 people using the service, including 2 people who stay part of the week at the service and part with their families. Blakesley is a family sized house in a residential area, similar in appearance to the other houses in the street.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People received exceptionally personalised care and support from dedicated staff who had formed positive, mutually respectful close relationships with them. With the right support people flourished in all aspects of their lives, growing in self-confidence, developing skills and being enabled to maximise opportunities that would not otherwise be available to them. People were supported to achieve their aspirations and goals. People were supported holistically and enabled to access specialist health and social care support when this was needed. People played an active role in maintaining and improving their health and wellbeing.

People were supported to have maximum autonomy, choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People living at Blakesley received highly individualised care and support which promoted their dignity, privacy and human rights. People were supported to develop skills and independence at their individual level, varying from growing in confidence with completing their own personal care to learning household tasks. People received care and support from exceptionally kind and compassionate staff. Staff were extremely vigilant, responded to people's individual needs and focused upon supporting them to achieve a full and enriching quality of life.

**Right Culture:** There was an embedded culture of people being at the heart of the service. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. People received support based on transparency, respect and inclusivity. The registered manager and staff worked hard to instil a culture of care and good teamwork. Everyone valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 January 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about bathroom facilities. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The overall rating for the service has changed from requires improvement to outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blakesley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Blakesley

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Blakesley is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blakesley is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 July 2023 and ended on 31 August 2023. We visited the service on 31 July, 1 and 2 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications from the provider and information from the local authority and the public. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person about their experience of the care provided. We also observed the body language of other people living at the service during their interactions with care staff to further help us understand their experience of the care they received. We also spoke with 2 people's relatives.

We spoke with 8 members of staff including the registered manager, service manager, chief executive, compliance & training manager, a volunteer and 3 support workers.

We reviewed a range of records. This included 3 people's care records and medication records. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Our last inspection identified health and safety checks were not always completed in line with good practice guidance and the provider's policies. At this inspection we found improvements had been made.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on water and fire safety.
- People were consistently supported to take positive risks in order to have maximum choice and control over their lives. Positive and practical strategies opened up opportunities and leisure/social activities. This meant people had freedom and independence whilst remaining safe at all times.
- Staff supported people to break down barriers when it came to achieving aspirations and potential. Risk assessments and regular monitoring supported people to progress at their own pace towards their goals. One person wanted to learn how to shave themselves. Staff supported the person to take safe steps to achieve this. At the time of inspection, progress had been made towards this goal with staff support.
- Staff undertook work with people to assess risks and monitor their safety. One member of staff told us, "People living here make their own decisions, they all have abilities."
- The provider used risk assessments and care plans to ensure people with complex health needs were supported consistently and safely.
- People's safety was enhanced through arrangements in place for respite and holidays. People were matched with staff who worked together with people and their families to offer continuous care which prioritised people's needs and safety.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff knew them well and understood their safeguarding responsibilities. All the staff we spoke to treated people as part of one extended family and protected them from all forms of abuse. Areas of vulnerability were identified and carefully assessed on an individual basis. Supportive and sensitive work was undertaken by staff to support people to increase their awareness, knowledge and safety skills.
- We saw examples where safeguarding issues had occurred and the staff had used this as an opportunity to learn. The provider had made improvements to systems and processes to reduce the risk of further incidents.
- Staff received training on how to recognise and report abuse and knew the processes to be followed to keep people safe. Relatives told us "We are very happy [our relative] lives at Blakesley", and "no one has conflict there."

### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Regular checks were completed to ensure staff remained competent to safely administer medicines.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability and autistic people). The service ensured people's medicines were reviewed by health professionals in line with these principles.
- Medicine administration records (MARs) were completed accurately.
- Staff had access to relevant guidance for people who received medicine 'as required' (PRN) to ensure medicines were only administered when needed.
- Information about medicines was available for people in ways they understood to support their understanding. People were included in all decisions made around their medicines.

### Staffing and recruitment

- Robust staffing and recruitment processes ensured staff were recruited safely.
- The provider carried out checks on new staff before they were employed to work in the service. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.
- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff had an incredibly good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.
- People were at the heart of the service and the provider was dedicated to offering support to their staff which ensure the ongoing stability and success for people living at the service.
- Staff responded promptly to changing situations and worked as a team. One staff member told us, "We know ourselves and we work together. We work together in harmony. We work together as friends and we work together as family."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The staff positively promoted an open and transparent culture in relation to accidents, incidents and near misses.
- The provider regularly sought guidance and frequently shared information to ensure every opportunity to review, share and follow best practice was taken.



#### Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends.
- The provider had supported people to see their relatives during the pandemic in line with government guidance. Relatives told us during times when they were unable to visit they were supported to stay connected with their loved ones.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. These included people's physical and mental health needs, and their emotional and social needs and preferences.
- A holistic approach was taken to assessing, planning and delivering high quality care and support. Staff had provided outcomes for people consistently. For example, one person's mental health needs had greatly improved, resulting in a reduction in the use of medicine and a better quality of life.
- People, those important to them and staff reviewed plans regularly together.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records to ensure people would be treated as valued individuals regardless of their backgrounds, beliefs or differences.

Staff support: induction, training, skills and experience

- People were supported by staff who had excellent knowledge and skills to meet their needs.
- Staff received an induction period when they started in post and felt well supported. Staff completed training which enabled them to deliver high-quality care and support to people with a range of needs which at times were complex.
- Positive feedback was received about teamwork between staff and volunteers. One staff member said, "We all work really well together, communication is very good."
- Relatives spoke highly of the staff team. A relative said, "We know all of the staff. What is nice, if staff are unsure about anything or if they are new to the service, they talk to us and call us, asking about [our relative's] needs."
- Staff were supported through regular supervision with the registered manager where their own development and training was discussed as well as arising issues. The provider had recently completed a motivational survey with staff, to use as a basis for developing a new 'appraisal' and 'incentive' process directly related to what was important to each person, to support the staff team further.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were well supported to live healthier lives and encouraged to make their own choices to achieve this. Outcomes for people were positive, consistent and often exceeded expectations, which had a positive impact on their quality of life.
- Staff provided encouraging care which supported people to overcome long held anxieties to achieve better health outcomes. This included helping people attend the dentist or doctor when they had perhaps

had negative experiences in the past.

- Where people required specialist assessment regarding their communication needs, this was arranged promptly. For example, a referral to the speech and language team was made requesting specialist training for staff so they could utilise assistive technology further. The registered manager told that this had been very successful.
- People had good access to physical healthcare and were supported to live healthier lives.
- Health action plans evidenced people were supported to attend annual health checks and were referred in a timely manner when there was observed changes in their health needs. This was in line with national guidance for service providers.
- The provider had the services of their therapists and relatives were complimentary and grateful their loved ones had access to this provision.
- Staff engaged with external professionals such as GP's, pharmacists, psychologists, dietician and speech and language therapy. Health action plans showed the service continued to ensure there was access to opticians and dentist despite the challenges of the COVID pandemic.

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

- People were well supported to maintain a healthy and balanced diet.
- Staff encouraged people to eat a healthy and varied diet. The registered manager told us supporting people's understanding of the advantages of a healthy diet was an important part of their care and support.
- We observed staff, volunteers and people preparing, eating and enjoying the freshly cooked foods together. People had input into choosing their food and planning their meals. The registered manager advised us that healthy eating is a crucial part of their service. This included accessing supplies of organic food
- A relative told us, "I cook food and take it for [my relative], but also for everyone else in the house and the staff. So nice to see people trying new foods."

Adapting service, design, decoration to meet people's needs

- People were comfortable in their environment and spent time in their own accommodation and communal areas. We observed people enjoying their own seating preferences.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- One person gave us a tour of the service and its garden, including seating area, raised gardening beds and pet area. We observed them enjoying watering the garden.
- When people's needs changed, for example due to a change in mobility, staff worked flexibly and creatively to identify interim and longer term options, to ensure their needs could be continued to be met in their own home. This included, for example, involving an external occupational therapist for advice and guidance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- The management team and staff worked in line with the MCA and ensured people were involved in decisions as far as possible. Where people lacked capacity, best interest decisions were recorded where necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People received care and support with kindness and respect from a staff team who knew people well and were consistently vigilant to their needs. We observed interactions between staff and people which were person centred, natural and demonstrated people were used to this type of individualised care and support.
- We observed one person being offered pain relief, following their breakfast, as staff had anticipated and recognised through the person's body language the person was experiencing premenstrual syndrome symptoms. The staff member explained to the person what each medicine was, what it was for and continuously observed their body language to check their wellbeing. They waited until the person made eye contact with them before each administration. Staff then supported the person to be settled how they wanted to be, in the comfort of their own room with their own comfortable chair, as this alleviated their restlessness.
- People, relatives and professionals involved with people's support told us how highly they valued the service. Staff were passionate about people with learning disabilities and autistic people leading fulfilled lives and successfully achieving their goals and aspirations.
- For example, staff recognised the importance for one person of developing their skills and confidence and having a valued role within the home. Staff supported the person in planning and assessing the kind of tasks they were interested in resulting in the person carrying out regular fire audits of the property with staff. Staff told us and records showed us how this person had grown in confidence. One staff member said, "[Person's name] has achieved such a lot with us. They are such a confident person now. They love the opportunity and we are keen to build on this with them."
- Staff recognised that it was important for another person to continue being as independent as possible with their personal care despite their mobility declining. Staff identified some interim solutions for the person, whilst building alterations could be considered, with the person's wishes remaining central.
- Staff and volunteers supported people as unique individuals and respected their diverse characteristics. Staff understood the details of what people needed to support their wellbeing. With patient and kind support people were empowered to explore and maximise opportunities which enhanced their identities and lives, built upon the foundations of trusting relationships with staff. For example, staff told us how talking with one person about their favourite people helped to keep the person calm and happy and avoid becoming distressed. The person's relatives told us about the impact of the staff doing this. "[Our relative] is expressing their needs with how they communicate and the staff embrace this. We see how staff interact with [our relative], they encourage [our relative] to be themselves."
- We saw one person wearing a particular jumper. Staff told us how this jumper was the person's favourite

thing to wear. Staff anticipated the person choosing to wear this each day, so staff made sure this was washed each night, so it was clean for the person to wear again the next day, as they recognised how important this was to the person.

- Staff and volunteers were compassionate and kind and treated people as members of their family. One staff member said, "[People] at Blakesley are cared for, like our own." A person told us, "Staff are good, very nice." Another staff member told us, "Our ethos, is that we are a family and people's families thank us for this and say we are like their second families." A relative told us, "This is our extended family now. The experience we have is that people here at the home, now speak so fondly about [our relative]. It really is a huge family."
- People received support to stay connected with people who were important to them. People regularly spent time with their family and friends, which included visits out and about, overnight visits and frequent telephone/video calls. Relatives told us how exceptional and kind staff had been with supporting visits and communication, which they felt were essential to meeting their relatives needs and supported their routines.
- During the COVID pandemic, relatives were not able to visit the service for long periods of time due to national and local restrictions. During this time staff facilitated contact with families and friends through a variety of ways. Staff used technology, for example, smart TVs were purchased so that all the homes within the charity could communicate with each other and keep some normality for events.
- Staff also implemented individual visiting plans. For one person, this entailed supporting them to see their family. The manager told us staff drove the person to the other side of the country, to see their relatives when restrictions were lifted. So they could be re-united, as they had deemed this necessary in supporting this person's wellbeing and relieving their separation anxiety.

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

- People's autonomy was promoted at all times and they were encouraged to express their views. People's care records, support plans and our observations demonstrated an extremely inclusive culture where staff actively engaged with people and promoted their choice and individuality. Where needed, staff had sought independent advocates to support people with decision making and to advocate on their behalf. We saw this directly impacted the support provided and ensured people chose how they were supported.
- People were asked about their goals and aspirations. The provider worked in partnership with external professionals, relatives and people to ensure they achieved their goals and aspirations. This included, being active members of the local community and the promotion of safe relationships. Staff supported people to maintain links with those who were important to them. Some people had weekly visits to their family and some people stayed connected on the telephone and via video calls.
- The provider drove a least restrictive approach by ensuring people were understood and respected and which empowered people to be in control of their care and support.
- Staff spoke with confidence about the different communication systems they used to support people and told us how these were used in day to day practice. For one person, staff had worked with relatives to put a visual planner in place each week. Relatives confirmed this was working for the person, as it was really important to them.
- People were involved in the development of their care and support plans, and these were amended and updated as people's experiences, preferences and choices changed over time.
- Professionals who worked with people using the service provided positive feedback about Blakesley. One professional told us, "The service has gone through some changes in the last year, with a change of management and I expect the ethos of continuous improvement to continue to allow the service to go from strength to strength. All in all a really positive experience."

Respecting and promoting people's privacy, dignity and independence

- People were actively involved in formulating their own daily lives. We observed people were consistently in control of how they spent their time; what they wanted to do and when. Where people needed support, we observed staff checking with them what they needed and getting people's permission before providing any hands-on support.
- People had the opportunity to try new experiences, develop new skills and gain independence at varying levels. For example, people were supported to be more independent with using community facilities. One person told us about their visits to one of their favourite parks to watch the wildlife.
- Staff and volunteers knew when people needed their space and privacy and we saw staff respected this. One staff member told us, "[Person's name] personal hygiene skills are better now, they can do parts of their routine themselves now. They manage really well with lots of things now."
- Staff promoted people's dignity and independence by maximising their freedom of choice. This included encouraging people to have some control over their finances.
- Staff and volunteers ensured records relating to people were kept confidential.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care was extremely person centred and delivered consistently and responsively. Staff consistently met the needs of people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had excellent knowledge of people. This had resulted in positive outcomes and improved their quality of life.
- Staff and volunteers worked in a person-centered way to meet their needs. Staff and the management team had a detailed understanding of current best practice and the principles of right support, right care, right culture and were ensuring that these principles were carried out. Staff had an excellent understanding of people's individual needs and acted to ensure people's values and beliefs were respected.
- Staff supported and advocated for one person to be able to manage their diabetes in a less intrusive way by introducing a diabetes sensor. Which meant glucose readings could be gained by scanning the sensor rather than pricking the persons finger. Staff supported the person with this change, through role play, wearing the sensor and encouragement.
- Staff were aware of sensory burden for people and how this differed for people. Staff made accommodations for people, when out and about in the community. For example, for one person sometimes it was necessary to stop the car when driving, (when and where safe to do so), and turning off the engine noise when the person required some time out.
- Staff understood the importance of stimulatory behaviours of people. Staff supported people with stimming, they allowed people to do what they needed to do, self-expression. For example moving their arms and making repetitive noises. They championed this and took it all in their stride.
- The registered manager engaged positively with ongoing multi-professional processes to ensure people's needs were fully understood and accurately documented. This ensured people's needs were fully understood and supported staff to provide consistent support while supporting independence and respecting people's autonomy.
- The provider had a strong emphasis on ensuring people felt empowered and valued. People's privacy and dignity was promoted and respected by staff. Staff were aware this was people's home.
- People were supported to understand the importance of personal care and where appropriate individualised learning plans had been put in place to support and encourage this. A relative told us, "Our [relative] likes to have baths. Staff practice the same at the care home for them."
- People had the opportunity to experience and benefit from a range of therapies at the service. Art therapy, eurythmy therapy and music therapy were provided to help people connect with their thoughts and with each other in a way words were not always able to do. Staff across the organisation were involved in research aimed at understanding how these therapies could benefit people with learning disabilities.



- People were supported with their sexual orientation, religious, ethnic, gender identity without being discriminated against.
- People and their relatives were fully involved and informed in all aspects of their care and spoke very highly of their involvement. We received comments such, "Staff are very eager to feedback", "We always know what is going on" and "We work together. Staff have that respect and caring approach".
- Care plans holistically reflected how people wanted to be supported and were adapted to meet people's changing needs. This supported staff's understanding of the people they cared for to ensure they received positive outcomes, tailored to their needs. Where required people were consulted regarding referrals to other services, if necessary best interest meetings were held. Annual health checks were undertaken, and close liaison was maintained with the service and the general practice.
- Life-affirming activities were at the heart of the service's culture and values. At a recent family day examples of photographs of events were displayed, together with people's comments, which highlighted their enjoyment and sense of wellbeing. A relative commented, "It was such a joy".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were innovative ways to help people take part in a wide range of different activities and events. The provider promoted the belief that there should not be any obstacles to people trying new things or limits to the experiences they could have. The staff took this to heart, visiting places of interest and activities in the community; and assessing these to see if they could support people to access them.
- People led exceptionally active lives with access to leisure, social and physical activities both on site and in the wider community. Examples included baking, cinema trips, trampolining sessions and membership to a local spa. Staff had developed social activities locally. Staff supported people to enjoy themselves at local pubs, as well as having an opportunity to meet local people. This enabled people to live as full a life as possible and be seen as valued and important in their own right by others outside of the organisation.
- People were part of a wider community with friends from the provider's other care homes. They regularly visited them and shared social activities together. They enjoyed parties and celebrating special events, sport competitions and festivals. People's families were invited to visit and felt involved and well informed.
- People were also able to pursue their own interests at home, including watching their favourite films, listening to their music and watering the plants in the garden. People received individual staff support, this meant they were supported to take part in whatever they wanted and felt happy with.
- One person told us about their trips to see their favourite animal at a nearby park. Staff told us, for this person, seeing their favourite animals every day, not only made them happy, but it also helped to reduce the person's anxiety as they could be confident in knowing what was going to happen each day.
- Staff involved people's families to help make decisions about different activities. A relative told us how happy they were that people had access to such full and active lives with friends.
- The staff documented people's lives through photographs and videos. Through these we could see how happy and comfortable people appeared. Staff and people were given equal status in these, enjoying activities together, laughing and having fun.
- People were soon to benefit from the introduction of lifestyle co-ordinators by the provider at the service to further enhance the range and focus of activities available to them and to provide them with more opportunities for them to achieve what they showed interest in and enjoyed.
- The management team and staff had an excellent understanding of the needs of people and the values embedded in the service promoted equality by delivering care and support to meet the needs of individuals.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured communication was highly personalised and tailored to people's individual needs. People did not always communicate using speech, however, the staff knew them well and could understand their facial expressions and body language. The staff also helped people to understand what staff were saying by using known familiar phrases, offering simple choices, using objects of reference, picture cards and using their own body language.
- Staff showed a skilled understanding of people's communication needs. They were able to describe how they supported people to understand and be understood. We witnessed them interpreting subtle gestures and signs and checking with people this was what they had meant.
- Staff used alternative methods to effectively communicate with people who were identified as having specific communication needs. This including use of specific apps on the tablet computer.
- We observed staff consistently engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, we observed one staff member offer a person a choice, enabled them time and space to process the choices, waiting patiently for the person to respond when they were ready. We also saw a person use Picture Exchange Communication System (PECS) symbols with staff, to indicate their choice of activity.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Staff assessed and recorded information about people's communication needs. People were provided with easy read care plans and risk assessments to ensure they felt empowered and involved in their care planning. Information was available to people in different formats including easy read documents.

#### Improving care quality in response to complaints or concerns

- People and their representatives were regularly asked for their views on their care and their plans; family days ensured people were kept updated and feedback shared.
- Quality of life audits, quality assurance audits and management oversight were used to monitor the responsiveness of the service. This included how the provider responded to complaints. Improvements had been made as a result of learning from reviews or complaints.
- There was a robust complaint policy and procedure in a format suitable for people to read and understand. The provider took complaints seriously and these were responded to in line with their policy and procedures.
- People and their relatives had regular communication with staff and knew how to contact the management team if there was anything with which they were unhappy.

#### End of life care and support

- No one was receiving end of life care at the service.
- People had care plans that were extremely personal to them. End of life care planning had been discussed with people and their families to record any specific needs and wishes to be considered, where appropriate to do so or with advocates.
- The provider had a detailed up to date policy, which reflected The National Institute for Health and Care Excellence (NICE) and the Leadership Alliance for the Care of Dying People, 5 priorities of care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

At our last inspection the provider failed to ensure their systems and processes were operated effectively to ensure people's needs were met and safety of the service was maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Our last inspection identified health and safety audits were not completed in line with best practice guidance and the provider's policies. At this inspection we found significant improvements had been made.
- The provider had invested in a new management team, including implementing a new operations manager, and creating a new quality and compliance role, whose sole focus was rigorous and constructive challenge, with a performance management approach whilst reflecting the providers core values and giving people the best quality of life. We saw how these changes had already become embedded into staff practice and the management team ethos.
- The provider had an extremely robust approach to quality assurance, which incorporated co-production and feedback from people living at the service, their relatives and external professionals, which made people feel valued and empowered. The management team analysed the quality of life for people at the service to ensure staff were keeping peoples best interests and health into account, whilst aiming to develop a better understanding of their lived experience, in order to identify what caring elements created the best possible quality of life.
- Staff utilised audits as development tools, to ensure they continued to provide the highest quality of life to people at the service, which reflected developments in nationally recognised best practice, to support people's confidence and sense of identity.
- The management team demonstrated they were exceptionally motivated and dedicated to leading a service which delivered the best quality of personalised support to people reflecting their holistic needs and preferences. This approach was apparent across all of our discussions with people and staff, our observations and records.
- Staff worked to a clear business plan, which achieved the providers planned business goals, including strategy, operations and had future goals identified for the benefit of the people they support and its workforce.

- The manager's presence within the service was keenly and positively felt by staff and people; we observed them leading social activities, offering direct support, liaising with professionals and carrying out managerial tasks with empathy, professionalism and drive. The chief executive described the key achievements of the service and told us, "It's been a journey and we are all on it all together. So incredibly proud of everyone."
- There was an open, caring and positive culture amongst the staff who demonstrated strong values in line with those of the management team. The management team clearly worked in partnership to promote shared responsibility for the day to day running and management of the service. Their presence within the service helped to maintain the quality support people received and the enriched lifestyles they were supported to enjoy.
- The provider's quality assurance and auditing framework ensured thoroughly robust levels of oversight which incorporated person centred care checks on work undertaken to promote people's development. This helped the provider to consistently find ways in which to develop people's care. Despite the current level of quality support people received the provider had identified areas for further development. These included, developing and recruiting more therapists to support complementary therapies and planning future holidays with people.
- A culture of learning was promoted throughout the team where staff could reflect on problems in order to change and develop. Lessons learned were discussed in governance meetings and health and safety meeting.

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

- The provider demonstrated a strong commitment to continuously developing the service. The management team implemented an inclusive, open and empowering culture which focused on and succeeded in achieving extremely positive outcomes for people. People, relatives and professionals were extremely complimentary about the leadership of the service and how people had benefitted from the support provided.
- The ethos of the service was to provide people with high-quality person-centred care. People were at the heart of the service and there was a strong commitment from staff and volunteers to provide people with person centred care and enable them to reach their full potential. One relative told us, "[Our relative] considers [Blakesley] their home."
- For example, people experienced an enhanced life with the added benefit of living with family, but also working towards a future plan by living at the service part time. The provider had actively supported people and their relatives through consultation and co-production to enable development of this transition to full time care in the future. This flexible approach benefitted the people allowing this life change to be positive rather than distressing for the individuals involved.
- The management team worked exceptionally hard and had established a service that had a strong visible person-centred culture. The staff were dedicated and caring and treated people with kindness, compassion, respect and this clearly had a positive effect on people. The staff were particularly sensitive at times when people needed caring and compassionate support.
- The service was dedicated to providing personalised health care that was person centred to individual needs and directed by a multi-disciplinary team (MDT) using an evidence-based approach. External professionals, family and people were involved in specific health care decisions that were managed by the registered manager who was committed to improving people's quality of life. One relative told us "The movement is so inclusive and wanting, seeking the best for people."
- People gave exceptional positive feedback about the managers, staff, and volunteers. They were praised by relatives for the amazing way they cared and supported people, comments such as "staff are amazing, "they go above and beyond" and "staff treat everyone with respect."
- Staff were motivated by and proud of the service. We found there were consistently high levels of

constructive engagement with people and staff from all equality groups. Managers developed their leadership skills and those of others. All staff and volunteers we spoke to told us the management team actively listened to them and involved them. Staff told us how the support they received from the management directly impacted their willingness to go above and beyond for the service and people. One staff member said, "It is very nice working here. The managers are very responsive, they listen and get involved. They work with us and help. What a difference it makes."

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

- The provider was fully committed to engaging in new ways of working, learning and developing their understanding. They ensured any factors which could be considered to improve people's care were shared with staff to further enhance their knowledge.
- The provider had linked with a local university to provide nursing students with an opportunity to develop their work experience of working with people with complex needs and personalised support. The provider recognised the value of sharing the experience with students and listening to their feedback on new ways of working and ideas. The management team encouraged students to give feedback on their experience.
- The management team promoted development in every area of the service. This included when staff identified areas in which they wanted to develop. For example one staff member had recently completed a higher education qualification at the service in order to further develop their skills and knowledge.
- People were provided with an excellent informative service user guide welcoming them to the service, they were actively encouraged and supported to discuss their care and support needs.
- The management team and staff worked exceptionally well with others to ensure people's needs were met. Professional feedback was incredibly positive, they told us how impressed they were with the responsiveness of the managers and how they always try to be flexible to accommodate them to attend reviews.
- The registered manager stayed connected with commissioners and other health care providers for people that had been placed out of area to update on their progress.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated a strong understanding of their responsibilities under duty of candour. This understanding was shared by the staff who understood who to contact when things had gone wrong.
- Relatives felt they were kept up to date with any accident, incidents or issues at the service. One relative said, "Staff always keep us updated with any events from the service. The staff are very eager to get off the mark and make things better. They share how they address the issues with us, which is really positive."
- The management team were very aware of their legal responsibilities, including appropriately notifying CQC of any important events and people found the manager open and honest.
- The provider had robust quality assurance system in place regarding reporting, investigating and learning from incidents when things went wrong, any actions were fed into service and organisation governance meetings. De-briefing sessions were held with people and staff which supported understanding and learning and ensured better outcomes for people.