

Suncare Recovery Limited

Two Rivers Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Two Rivers Care Home on 26 July 2016. This was an unannounced inspection. At our last inspection in January 2014 the service was meeting the regulations inspected.

Two Rivers Care Home is registered as a care home for eight people and as a supported living scheme. The service has two supported living schemes (Holdenhurst and Cissbury Ring) located a short drive from the care home. On the day of our inspection eight people were living in the care home, three people at Holdenhurst and six people at Cissbury Ring.

People experienced excellent care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff we spoke with demonstrated an excellent knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they really enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager had been in post since the service opened in 2008. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs, and some people had recently been on holiday together with staff support.

The registered manager and staff ensured everyone was supported to maintain good health. They took a very proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were extremely caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person living in the home. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere in the home.

Staff were well supported with training, supervision and appraisal which helped them to ensure they provided very effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint. Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was exceptionally well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and director regularly completed very robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Is the service effective?

Good ●

The service was effective .

People experienced effective care. Staff were very well supported with training, supervision and appraisal. They were also given further training to make sure they could meet the specific needs of people with complex medical conditions

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and supported people to eat healthily.

The manager and staff had an excellent understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring .

People were well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first.

People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported

by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate

Is the service responsive?

The service was effective in responding to people's needs and preferences.

People using the service had very personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them.

All the staff demonstrated a commitment to supporting people to live as full a life as possible and were flexible with the hours they worked to enable this to happen

Good ●

Is the service well-led?

The service was well led. People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home.

There was excellent leadership and the staff were given the support and encouragement they needed to care for people.

There were robust systems in place for monitoring the quality of the service.

Good ●

Two Rivers Care Home

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.

We visited the service on 26 July 2016. The inspection team consisted of one inspector and a specialist advisor who was a nurse with experience in mental health and learning disabilities.

Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of our inspection we focused on speaking with people and staff and observing how people were cared for.

During our inspection we spoke with four people who lived in the service, three support workers, the care manager, the registered manager and the director. We looked at four people's care records, three staff records, the training matrix, medicines charts and staffing rotas. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints. After the inspection we spoke to four health care professionals and were sent a number of testimonials from relatives.

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said "all staff are nice, I feel safe." A relative told us "we don't need to worry; we know she is being looked after."

Most staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. One support worker told us some people who used the service were not able to verbalise. They ensured they were observant of any changes in behaviour which could mean the person was being abused.

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "You have to make sure everybody is safe. I would become alert if a service user's behaviour changed" and "people sometimes get agitated when they are in pain" They explained that if they saw something of concern they would report it to the registered manager immediately. A support worker told us "you get to know people well; if they are non-verbal you can tell from their behaviour if something is not right."

Staff understood how to whistle blow and told us the different pathways through which they would report their concerns, depending on who their concerns were about, a staff member told us, "I would report and whistle blow, residents come first."

There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people to lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. The care manager said; "We promote people to be independent and have even moved people on to supported living."

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood.

Staff knew what they should do to keep people safe when supporting them both in and out of the home. For example, one person was at risk of scalding themselves. There were detailed plans in place to help staff support the person to manage this in, and out, of the home.

If people's risk assessments and management plans were changed, staff were always updated with those changes, to ensure people remained safe. Staff told us the registered manager discussed with them any changes at handovers and staff meetings. Support workers then had to confirm they had read the new plans and understood what changes to the person's care delivery they needed to make.

The registered manager said that there were always five members of staff on duty between the hours of 08:00 – 20:00; and two staff on at night Rotas confirmed this. During the course of our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We spoke with one support worker who told us "We are never short staffed." And another told us "There's is always enough staff so we can spend time with people and take them out."

Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two care workers when in and out of the home and that there was always enough staff on duty.

Most staff had been working in the home for some time, and staff turnover was very low.

Appropriate recruitment practices were in place. All of the relevant checks had been completed before staff began work, including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

People's medicines were safely managed. All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. All staff had a detailed knowledge of each person's medicines and how they preferred to receive them. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had a detailed assessment of their needs and an appropriate plan was in place to enable staff to identify when people might need their PRN medicines. Medicines Administration Records (MAR) were mostly accurate and showed people received their medicines as prescribed. We noted that one person had received the wrong dose of medicine on the 22 April 2016 and another person had missed a dose of their medicine on the 19 June 2016. However, action plans had immediately been put in place following these incidents.

There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any rare errors were quickly corrected. Support workers we spoke with could describe how to administer medicines safely, and we saw on training records that relevant training had been done. The provider's medicines policy included safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used.

The home was clean smelling and we saw it being cleaned throughout the day. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately.

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were highly motivated and talked in an enthusiastic way about their training and supervision. A member of staff explained they had been in post for two years and said that their induction had been comprehensive. They had been given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene.

Most staff had been supported to complete a national qualification in care. And they told us they had been encouraged and supported to go for promotion. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, dysphagia and behaviour that may challenge people and others. A support worker told us the best thing about the epilepsy training was it was so relevant. One person had needed their emergency medicine administered following a seizure, and the worker said they felt confident to do this. They also knew how to care for the person effectively during and after a seizure. Where specialist training was required to support a person's specific needs then this was delivered by relevant professionals. Additional training was also provided based on changing needs of the residents. Some examples of this included Intensive Interaction training, Sensory Processing Disorder Training, and Physiotherapy training.

Healthcare professionals told us that the staff were extremely well trained and knew how to manage very complex cases. We saw evidence of this additional training on people's training records. A health care professional also told us that when she set up 'specific behaviour' training to support a person who used the service the whole staff team had attended. A doctor we spoke with was confident that staff knew how to care for people. They explained staff followed any instructions or changes regarding a person's care and support swiftly and accurately.

It was clear the training had been very effective and staff were able to discuss in detail individuals care and behavioural needs and how to manage them properly. We observed staff putting this knowledge into practice while we were in the home. Staff were exceptionally good at understanding people's needs. People's behavioural triggers were identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. Comments included "we get all the support we need" and "the supervision is good but you don't have to wait for that, managers are always available for you."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

All of the staff we spoke with had an excellent understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One support worker said; "we're all here for residents we must always act in their best interests." DoLS referrals had been made to the relevant authorities where appropriate.

People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do" and "would you like a drink now." Staff then gave people the time they needed to make a decision. Staff knew people extremely well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using. For example, one person could express their consent by following staff or taking their hand, or making certain verbal noises. All of the staff understood what these body languages and vocalisations meant. The registered manager told us "We have found that staff can find the Mental Capacity Act and Deprivation of Liberty Safeguards a challenging thing to understand. We use various role-plays and tools to aid staff in understanding the fundamental principles of the mental capacity" The service employed a staff team who can communicate in a range of Asian languages to support people who use the service. This is an important element in ensuring that capacity is assessed properly. "Many of our residents would be deemed to lack capacity if the capacity assessment was conducted in English; an example of this includes an individual who has been assessed as having a "functional age" of three years old. However when you communicate with the individual in Gujarati she is able to understand a much greater range of information and can then make decisions across a range of day to day choices."

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted from a rolling menu. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. One person told us "I like aubergine and I had it yesterday" Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. Staff knew about each person's dietary needs including special diets. People had free access to the kitchen and could make tea or coffee when they wanted to. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be. People who had special dietary requirements due to a health condition were well supported. One relative said their family member had thrived since she had moved to Two Rivers Care Home "she enjoys the food greatly" they also told us that their relative had lost weight and "this meant her type 2 diabetes medication was reduced" Another relative told us that because the home provided Asian food for their relative that this has benefited their "on-going wellbeing and happiness." The registered manager told us about how they were using a number of innovative ways to improve some people's nutritional intake. For example one person had been given a pureed foods diet for many years and was clearly not enjoying their mealtimes, following an assessment from a Speech and language therapist and staff at two rivers working closely with her GP and family they were now enjoying food of a more suitable consistency and variety. As a consequence they were now enjoying mealtimes, the time taken to eat

had reduced and has resulted in the person being more energetic and is able to spend more time doing other activities. Another person who had long standing issues around food and a suspected eating disorder situation, they had been prescribed protein shakes to boost calorie intake however they did not like these. The staff at two rivers worked closely with a behavioural psychologist to improve their understanding of their sensory processing needs and learn strategies to reduce the person's anxiety. This included arranging for staff to attend specific training sessions. Working with the dietician a reward chart system was established to ensure the person had autonomy in selecting snacks throughout the day and also to encourage them to eat regularly during the day. As a result the person has improved on their eating, maintained a healthy weight and has become significantly less anxious around meal times.

The registered manager took a very proactive approach to helping people maintain good health. They had set up regular weekly GP consultations and there were regular screen checks for health issues particular to people with learning disabilities and specific conditions. This helped to identify and treat medical conditions early and promote positive relationships with the GP and other healthcare professionals. Staff told us that they accompanied people to all their health care appointments. A healthcare professional told us that staff has "gone beyond the call of duty" when they had stayed with one person during a four day hospital admission. The registered manager identified when people required more specialist health care than they were getting and worked hard to make sure proper referrals were made. A relative told us how the health of their family member had improved significantly because of the intervention of the registered manager and staff. The relative said "within two days of moving in blood tests were done and a problem was discovered." The registered manager was persistent in getting all the relevant health care professionals involved in making a diagnosis for the person and getting the right treatment for them. The relative told us their family member's confidence had improved a lot and they were very happy with the outcome. Another person was supported to access a specialist sleep system and this had helped manage the person's condition more effectively

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare, so every individual enjoyed an excellent quality of life. The service helped people to develop and maintain strong links with healthcare professionals such as the, occupational therapy (OT) and speech and language therapy (SALT).

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, occupational therapists and psychiatrists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected. A health care professional described the home as "very caring about their patients' health and general wellbeing, these are very challenging patients for which they are providing an excellent quality of care."

Is the service caring?

Our findings

People told us they were extremely happy with the approach of staff. There was some very positive feedback such as "Staff are very nice, they take me to the park and the library." And "I like it here, they are all my friends." Relatives' feedback was also very positive. For example, one person commented, "everything is done with love and care, and a very personal touch." And another said "all the staff seem to be handpicked. So friendly, warm approachable and dedicated."

All the health care professionals we spoke to described the staff as extremely kind and caring and that that they ""worked beyond the duty of care" and "always went the extra mile". A healthcare professional told us "definitely one of the best groups of staff I have ever worked with, they all really care, and the place is very person centred."

One person who used the service told us, "I like it here. The staff are so kind, they paint my nails." We saw from the interactions we observed that the staff team were thoughtful and promoted positive caring relationships between people using the service. Throughout the course of our inspection day, we noticed how staff took time to engage with those who used the service, and answered frequently repeated questions. We heard lots of conversations and laughter between staff and those who used the service. We saw staff skilfully reassuring a person who was tearful. They showed that the person they were with was most important and that they were focused on them entirely. We heard a member of staff complimenting a person on how they looked. A support worker told us, "I love my job; I enjoy supporting people and helping them to live life to the full."

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes in detail with relatives and healthcare professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing in this area. Most people living in the home were women of Asian origin, so the service recruited female only staff, many of whom spoke a range of Asian languages to assist communication.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own en suite bedroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately

People's personal histories were well known and understood by staff. Support workers knew people's

preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed several occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention. One member of staff told us. "We can tell from her face when she is sad, she puts her hand on her head, it is our job to be there for people in whatever mood they are, showing them that we care." The registered manager and staff told us that the home set out to care for people in the same way as their own family by providing a homely environment.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; "we could not have chosen a better place for our darling daughter."

Providing people with the best care they could was at the centre of every staff members practice. One support worker told us how they had seen a person's confidence and quality of life greatly improve since they had been living at the home. They said;" it makes the job so rewarding" and "I feel so happy when I see progress". Another worker told us "this is an excellent home; I have already recommended it to one of my relatives."

We asked staff how they offered choices to people and were told "we must offer choices, for example, we show pictures of the food or activity to give them their choice." We were also told how "I show them a range of t-shirts from the wardrobe so that they can choose what they want to wear."

One member of staff told us caring was about "supporting people to be independent" and how they gave personal care "in a way which allows them to do as much as possible themselves." They also said that, "I try to myself in their shoes, so I treat them how I would like to be treated." They did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person's room and they always explained what they were doing in the room.

Is the service responsive?

Our findings

The care and support people received was extremely responsive to people's needs. All the healthcare professionals we spoke with described the service as very proactive and extremely responsive. They told us that when they provided guidance it was always followed up with great precision. They also told us that when people required additional staffing support or equipment following a hospital admission or deterioration of health they would respond 'immediately'.

Care plans were very detailed; person centred and provided good information for staff to follow. The care plans included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. The information was easy to locate, as there were two separate files, each covering different aspects of required information. Every person had a hospital passport. People took this document with them if they ever need to go into hospital. It gave important information to hospital staff about the person, including their health needs, how to support the person best with medical interventions such as taking blood and any medicines they may be taking.

There was an 'About me' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. There was also a record of how people indicated they were in pain. Behaviours which might indicate pain were clearly documented, a very important feature where people were unable to verbally communicate. We saw that care plans were recently reviewed, in line with the provider's review policy.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People's needs were then assessed in detail and they or their relatives were encouraged to visit the home. .

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

People's care plans focused on their whole life and reflected their individual preferences and interests. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people life

as full a life as possible. Daily routines were person centred and not task focused. We saw one person asked to go out for a walk and this was immediately accommodated.

Staff demonstrated outstanding skill in providing person centred care for each individual. They had an excellent understanding of people's values and beliefs, and understood how this may affect the decisions people made about their care, the activities they wanted to take part in, and the social relationships they wanted to maintain. A health care professional told us "it's one of the most responsive and person centred homes I've ever worked with."

For example we were told how one person had been estranged from their son and her wish to regain contact with him was hindering her recovery. We saw that staff at the home provided the necessary support and encouragement to rebuild this relationship. This has led to the person successfully moving to a more independent supported living environment.

People had the choice to join in many activities. People's involvement in their individual interests, activities and education were well promoted by staff and everyone got involved in stimulating and enjoyable pursuits. Activities were very varied and people enjoyed things like swimming, music therapy and yoga, Arrangements for activities were always flexible and staff regularly worked outside of their normal hours to facilitate this. The home also had the use of two wheelchair accessible vehicles. We saw that recently two people had been on holiday to Spain with staff support and another holiday was being organised for others. A relative told us "we used to take X on holiday regularly but then her condition deteriorated, we had to stop taking her. We were really elated that she went to Spain this summer and she says she had a brilliant time."

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People were very well supported to maintain relationships that were important to them. Staff regularly took people to visit their families at the weekends. Relatives were always welcome to visit at any time, and staff organised regular get together for people and their friends and families.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of deterioration in people's physical and mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "We get to know each person very well, it helps us to provide a good service"

There was a clear complaints procedure that was available in pictorial format and we saw that this was displayed on the wall in various areas in the home. People we spoke with told us they knew what to do if

they were unhappy about anything. We saw that there had been no formal complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service, relatives, healthcare professionals and staff we spoke with praised the manager and said they were approachable and visible. A healthcare professional told us "The management team is robust, approachable and they care a great deal about their residents."

The registered manager told us, "My aim is to provide a high standard of care, and for residents to be respected at all times" and "staff must be happy too."

Observations and feedback from staff, relatives and professionals showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The manager is helpful and approachable, she has a close affinity with the residents" and, "the manager is good, she communicates very well with both service users and staff, she understands." and "she really cares about the people here." Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, "The manager is very helpful and always sorts things out quickly." The registered manager gave us examples where staff had initiated ideas to support people and these had been very successful. For example, arranging remote cover by television monitor to their hotel room for a person who had epilepsy so that they could afford to go on holiday as they would require less staff support. They also encouraged and supported people to go for promotion.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. One person told us "we have meetings, I like them." Annual surveys were undertaken of people who use the service relatives, staff and professionals. We saw that the last survey received a very positive response in relation to service user involvement and consultation. There was also a list of suggestions made by relatives that had also been actioned as a result, including additional training in dealing with challenging behaviour and self-harm and the introduction of a sensory room.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that she was very familiar with all of the people in the home.

There was a robust quality monitoring system in place which included monthly manager's audits, numerous out of hours spot checks as well as CCTV cameras to ensure the quality of tasks carried out by support staff. There were systems in place to monitor the safety and quality of the service and the maintenance of the building and equipment. There were also weekly audits of daily logs, oral care, toileting charts and mood charts

People experienced a high quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive

outcomes for people, and that levels of motivation were very high. Several staff said they had worked in other care homes and this was the best one they had ever worked in. All of the staff we spoke with was very enthusiastic about the role in supporting people to lead an active and fulfilling life.

We were told that the management team had recently been re-structured to give greater scope for promotion of care staff, and "a tighter grip on care standards on the ground," which allowed managers to concentrate on service improvement and partnership work. This included working with Occupational therapist/physiotherapist and psychiatrist to improve outcomes for people using the service. For example we saw how one person using the service was supported by a range of professionals including psychiatrists, psychologists, and a social worker to reduce her behaviours which challenged this included a complete reduction of all physical aggression, marked reduction in verbal aggression. As a result the person began to engage in personal hygiene including regular showering, washing her hair (this had not been washed for 6 months prior to moving), using the toilet instead of incontinence pads, allowing her clothes to be washing in the washing machine and a reduction of self-harming behaviours.

The registered manager told us she regularly attended multi-disciplinary meetings in order to get the best for her service users. She told us "we are assertive with family and professionals for people's best interests." People were given independent advocacy when required.

The Nominated individual told us "In addition to our day to day work we support collaborative practice by engaging in research studies with external groups. We have been involved in studies around challenging behaviour and epilepsy. We believe in the value of social care and medical research at improving the lives of individuals with learning disabilities and will continue to support relevant research projects."