

# White Rose Care Maylands

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection took place on 18 January 2017 and was unannounced. The previous inspection was carried out in May 2013 and no concerns were identified.

Maylands is registered to provide accommodation and personal care for up to 18 people who have a learning disability and who need support with their personal care. Maylands is in a residential area of Whitstable, within accessible distance of local amenities. Accommodation is provided over two levels, there were 17 people living at the service at the time of inspection and each had their own ensuite bedroom, all of which were personalised to suit each individual's tastes.

The service had a registered manager, who was present throughout the inspection. 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.

We received wholly positive feedback about Maylands from people, relatives and professionals. We heard about exceptional standards of care and support which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and a real drive to provide the best possible service for people.

The registered manager, a deputy manager and senior staff, provided leadership to the staff and led by example. Staff were motivated and felt supported by the registered manager and management team. The staff team were committed to the mission of the organisation, 'to offer people a home for life.' Staff treated people as individuals and each person received person-centred support. Staff told us the registered manager was very approachable and they were confident and were extremely positive about their style of management.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were plenty of staff on duty to make sure people were safe and people's needs were met promptly and effectively by staff who knew people and their preferences very well. Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. The registered manager carried out routine checks of staff knowledge and capability.

There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and support.

People were kept safe because staff knew how to recognise and report abuse. Staff had received safeguarding training; they knew the signs of abuse and were confident about how to raise a concern. Staff knew about the whistle-blowing policy and were confident they could raise any concerns with the provider.

or outside agencies if needed.

Medicines were stored and administered safely. People were supported in a safe environment and possible risks to people had been identified and were managed to keep people as safe as possible whilst enabling people to live as independent a life as possible. People's health was carefully monitored and professional advice sought quickly and efficiently as needed. Staff worked collaboratively with health professionals, especially from the local community teams, forming excellent working relationships which had led to good outcomes for people.

Equipment and premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Systems were in place to check if people were at risk of being deprived of their liberty. Systems were in operation to obtain consent from people and to comply with the MCA. People were supported to make decisions and choices about all aspects of their lives.

People received care that was tailored specifically to them, needs had been assessed to identify the care they required. Care and support was planned and reviewed with people to make sure they continued to have the support they needed. People were actively encouraged to be as independent as possible. Detailed, specific guidance was provided to staff about how to provide all areas of the care and support people needed.

There was notable affection between staff and people and this was evident in actions such as the registered manager visiting people in hospital in their own time. The care people had been given at the end of their life received much praise from relatives and professionals. The staff team demonstrated commitment and maturity in supporting people and their families at that time; ensuring people always received the care and support they needed at all times, often volunteering to stay after the end of their shift.

Staff listened to what people told them and responded appropriately. Staff knew people very well and responded to noises, gestures and body language. People were treated with respect and their privacy and dignity was maintained. People and their relatives told us that they had no complaints and if they did they would speak to the staff who would listen to them and take action.

Staff actively encouraged people to be involved and feel included in their environment. People were offered a huge variety of activities and participated in an array of social events of their choice. The staff team were fully committed to ensuring that activities were offered to meet the needs and interests of each individual living at Maylands. Activities and social events were praised by people, their families, community links and professionals; with relatives telling us they 'go the extra mile' for everyone. There were wholly positive and caring interactions between the staff and people, and people were comfortable and at ease with the staff. The atmosphere was relaxed, with lots of laughter, people told us about different events and their holidays that had been involved in planning and organising.

Where they wanted to be, people were involved in planning the menu and cooking meals and were supported to have a balanced diet; everyone said the food was tasty. Staff understood people's likes and dislikes and dietary requirements and promoted eating a healthy diet. Picture cards were displayed in the

dining room and in the kitchen to help people make specific choices about drinks, snacks and meals.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements. People, their relatives and staff were asked about their experiences of the care. These were used to improve and develop the service.

The registered manager encouraged an open culture; and people, relatives, visitors and staff were all enabled to speak out with any concerns; so that they could be put right. Standards of care were continuously reviewed by the provider and registered manager to ensure they were maintained and to make improvements when necessary.

People, relatives and staff told us that the service was exceptionally well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. They told us the manager and staff provided outstanding care and support for their loved ones, treating everyone as extended family. Accurate records were kept about the care and support people received and about the day to day running of the service. This provided staff with the information they needed to provide safe and consistent care and support to people. The registered manager had exceptional management oversight and was able to fully assist us in all aspects of our inspection.

## 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 harm and abuse. Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

There was staff on duty to meet peoples' needs. Appropriate checks were made when employing new staff.

### Is the service effective?

Good 

The service was effective.

Staff received training, supervision and support to have the skills and knowledge they needed to be effective in their roles.

Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of gaining consent and giving people choice.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff knew people well, were kind, caring and compassionate and had developed positive relationships with people and their family members.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way. People were treated with kindness, respect and dignity.

Staff actively encouraged and supported people to maintain relations with their families.

### **Is the service responsive?**

The service was extremely responsive.

People's care and support was planned in line with their individual care and support needs. The service was flexible and responsive to people's changing needs and wishes.

Staff had an excellent understanding of people's needs and preferences. People were supported to take part in full and varied activities and social events that were individualised and meaningful to them.

People and relatives knew how to raise a concern or complaint and felt listened to.

**Outstanding** 

### **Is the service well-led?**

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and provider.

Positive links with the community had benefited people.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

**Good** 

# Maylands

## Detailed findings

### Background to this inspection

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

This inspection took place on 18 January 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support and carried out a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents. These included four care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with six people who used the service and with the registered manager, the deputy manager and three members of staff. After the inspection we spoke with three relatives and received feedback from three social care professionals who had had recent contact with the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Maylands, one person said "Oh yes!" and another commented, "Yes, I like it here. {staff name} helps me with everything."

People were protected from harm and abuse. The provider had clear policies and procedures in place for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff had received training on safeguarding people and were clear about the different types of abuse and what signs to look for. Staff knew the correct procedures to follow should they suspect abuse. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected.

Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff understood the importance of keeping people as safe as possible and said they would not delay in reporting any concerns they had.

Potential risks to people had been identified and assessed and clear guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards, whilst avoiding placing restrictions on people. Risk assessments were reviewed so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

Thorough recruitment practices were in place and the required checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one staff support was provided when people needed it.

The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. During the inspection staff were not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. One member of staff told us, "Shifts are always covered, even if it's sickness and not much notice. The manager or deputy manager will stay or come in early and cover if they need to. We are a team." There was an on call rota which

ensured there was always a senior member of staff available for the service to contact. There was a team of staff, who worked across the provider's three services, who knew people and could step in at short notice to cover staff sickness or to provide extra support with activities and one to one support when needed.

Medicines were managed safely. They were stored securely, in line with best practice guidance and people received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. The manager told us they had a very good working relationship with the delivering pharmacy, and was very pleased with the practical metered dosage system that was in use for the majority of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines. Regular medicine audits were carried out by the manager or senior staff. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab bag' was also in place. This contained essential supplies and information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

## Is the service effective?

### Our findings

People and their relatives told us that staff looked after them well; lots of people told us the staff were nice, caring and kind. Relatives gave us positive feedback, we were told, "We are thrilled with the place and staff. We appreciate their level of skills and training."

Staff told us they had an induction into the service when they were new. This involved time where they spent time reading people's care records, completing a workbook, training, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. The registered manager was working towards introducing the Care Certificate.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on going programme of training which included face to face training and distance learning. The registered manager assessed the training needs of new staff and tracked any training needs of existing staff and arranged the necessary training. Staff completed work books or answered questions for some courses and took tests to complete the courses. Some training was also provided in house, such as fire awareness, so that everyone could take part in a fire drill. The registered manager showed us training and awareness sessions that they had produced and told us that they used these in staff meetings or set up workshops from time to time to refresh knowledge or introduce new topics to staff. They showed us examples of sessions around supporting people to eat and drink, repositioning and personal care. The registered manager went on to explain that they made the session as interactive as they could, for example, staff trying foods blended into different textures, thickened drinks and feeding each other. This encouraged staff to consider and feel what it would be like for the people they are supporting.

Staff were supported to gain recognised qualifications in health and social care. Staff had individual supervision meetings and appraisals with the registered manager. Staff said this gave them the opportunity to discuss any issues or concerns that they had. One member of staff told us, "We always have supervisions and team meetings but aside from these I can always approach and ask anything." Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were all kept up to date with any changes in people's needs. One part time member of staff told us, they were able to read back and catch up on any significant events of information that may have happened whilst they were not on duty.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, some had been authorised and others and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety.

The registered manager had knowledge of the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their loved ones were involved to help them decide. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. One professional commented, "Best Interest meetings are held when they are needed, with next of kin as well as community health professionals. All involved always praise how wonderful the staff are and how happy the residents are."

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

People's health was monitored and health care professionals were regularly involved to make sure people were supported to remain as healthy as possible. One professional told us, "The staff monitor the nutritional intake of people closely, and alert the appropriate professionals if there are any concerns. They liaise carefully and closely with GP's, ensuring people are regularly reviewed and receive the necessary input." People were supported to attend appointments with doctors, nurses and other specialists they needed to see. Staff were quick to respond if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People who had specific medical conditions, such as diabetes, had detailed personal guidance for staff to follow. This described specific symptoms they may display and how to support them. Health professional told us that staff followed their advice and gave good support to ensure people remained as healthy as possible.

Where they wished to be, people were involved in planning the menus, buying the food and preparing meals, snacks and drinks. People took part in setting the table and clearing away. Meal times were a social occasion when most people came together in the dining room. One person said "The food is nice. I like the fish and chips and meat pie" and another told us, "There's lots of different food. I can have different things." People told us there was always plenty of food and they could have snacks and drinks whenever they wanted.

Staff knew about people's favourite foods and drinks and about any special diets. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice and had worked closely with the local speech and language therapy team. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were very personalised to their own

individual taste with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained.

## Is the service caring?

### Our findings

We asked people and relatives about their experiences of the care given at Maylands. We received wholly positive feedback from everyone we spoke with. One person told us "I like the staff. They are nice." A relative said "We are thrilled with all of it – the home, the staff, the owners. X is happier than ever. All X's needs are met" and another said "We are very, very happy – It's the best place X could live at." One relative told us how thankful they were when their loved one had to go to hospital during the night, they told us that two staff went with them and stayed all night, they made sure that they continued to receive the care and support they needed, and also ensured the wellbeing of their relatives.

The people that we spoke with and observed during the inspection were clearly happy living at Maylands and enjoyed talking to staff and engaging in activities with them. The atmosphere was very relaxed, warm and homely. Thought and consideration had gone into making communal areas cosy and comfortable for people. There was a strong and clear person centred culture, with everything planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. It was clear that staff knew people very well, they knew about their backgrounds, their families and their interests.

People were given personalised care and were supported in a way that they preferred. Some people had specific needs and routines that were accommodated well by the staff. The routines at the service were organised around people's needs and were flexible. For example; we were told about one person who was receiving support towards the end of their life but wanted to retain their close relationship with their mother. Maylands supported this by providing space and support for the mother to stay in the person's room with them, they offered emotional support to the mother and supported her to gain input from other professionals. The service worked closely with doctors and nurses to enable the person to have all of their needs met at home. At Christmas they arranged for the person to be supported by Maylands staff at the mother's house, transporting equipment such as a specialist chair and arranging for staff to cook their Christmas dinner. This personal support continued with Maylands supporting funeral arrangements. One professional commented, "All the staff are exemplary in their care. They are always friendly, very competent and exceptionally caring."

Staff were very attentive. They observed and listened to what people were expressing. There was a lot of laughter, people and staff were seen to have fun together and shared a laugh and a joke and people looked happy. There was a clear affection in the way staff spoke to people and gave reassurances. Staff talked about people as part of 'the family', and felt the care and support provided was individual to each person. It

was evident that staff had built strong relations with people and their families, and were very familiar with their life stories and preferences.

Pictures and photos were used to help people to make choices and communicate what they wanted. For example there were picture cards to help people to make choices with drinks, snacks or meals. Some people had homemade tactile sensory aids. These were personalised tactile bags with different objects of reference, specific to the person, to aid their communication. Staff had received specialised training to enable them to support one person with very specific communication needs. Staff told us this had really helped them to understand the person and how best to support them with their communication. People responded well to staff and looked relaxed and comfortable in their presence, we saw staff interacting with people in a way that demonstrated they understood their individual needs. Staff were able to respond to gestures or noises being made. Staff talked about and treated people in a respectful manner. Staff assisted people at their own speed; we observed one person being supported to walk to the dining room at the pace they were comfortable with. The member of staff was patient, chatting to and reassuring the person, pausing when it was clear they needed a moment before continuing.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. One person told us they stayed with their Mum every weekend. Relatives told us they were always made welcome and felt that the registered manager and their team did everything possible to support people to facilitate family contact. One relative told us that they had mentioned how nice it would be to be able to take their loved one out; straight away staff said they could help with that, by using the services minibus and staff could go along and assist. The relative thought this was exceptionally caring, they told us "They do their best to make things possible."

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. People were moving freely around the home, moving between their own private space and communal areas at ease. The large, open plan lounge and dining areas allowed for people to easily move around in a way that they preferred. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets.

It was clear that the staff team at Maylands were highly motivated and inspired in supporting people in creative ways, to ensure that the care and support each person received was individual and specific to their needs. People had been assisted to move to more independent living by the provider and service. In one example a person was living at Maylands, however the staff team had identified that they could live more independently. Following a period of support, which included support to access public transport independently, support at home to gain independence in household and personal care tasks, they were able to move into a supported living service. The provider put into place provision for a supported living service to enable this person to move on, whilst benefiting from the consistency of being supported by familiar staff. The registered manager told us what a delight it was to continue to see this person flourish in their new home. Meaning their independence had been nurtured to achieve a positive outcome. Other people had been supported to regain their independence and confidence within the home when moving from other services. We were told about many such examples of people flourishing after moving to Maylands and receiving consistent, compassionate and creative support. For example; one person moved in with poor

communication and limited social opportunities. Maylands worked with the person, who began to enjoy going out on a very regular basis and taking part in a variety of activities. They became confident in talking to staff about their needs and telling staff how happy they were. Another person was not able to walk independently or complete their own personal care. Again, following consistent support from an inspired staff team, they were now able to complete their personal care with support from staff and walk by themselves with staff next to them. We were told that this had had a great impact on their life and confidence.

The service had enrolled on The Gold Standards Framework, a 9 month training programme for providing support for people nearing the end of their life. This is then embedded into the home for at least 6 months. Care homes are assessed against 20 best practice standards and can become accredited. At the time of the inspection, the service was waiting for accreditation. Staff demonstrated a clear understanding of what was important to people in their last days; such as having company all of the time or listening to favourite stories music or films. The staff team at Maylands had received many compliments about the care and support they had given to people, and their families, towards the end of their lives. Comments included; 'You have gone above and beyond. In the years X lived at Maylands I have nothing but admiration and praise', 'Care of the highest possible standard – keeping me fully informed', 'You demonstrated such love, affection and care – with low lighting and gentle music', 'A special atmosphere of warmth and love.' There were many more compliments, about the overall outstanding level of care people received at Maylands. One health professional commented, "The staff at Maylands offer a wonderful, holistic and person centred approach to their care. It is a pleasure to work alongside such conscientious and caring staff." The registered manager told us that the framework had had a great impact on the understanding and skills of the staff team, enabling them to support people with empathy and compassion. The service had developed their own tool for assessing pain for people with limited communication abilities; this meant that staff were able to evaluate what action they should take.

The registered manager told us that they had strong links with the local church and funeral directors and had arranged talks with staff, to help develop their knowledge and understanding and to complement their training. Staff have received other training to support them in this role, this included death, dying and bereavement and specialist workshops around supporting people with swallowing difficulties and supporting people who need support with chest physiotherapy. Staff were able to support people with their individual needs in a timely and personal manner. Where appropriate, people had detailed care plans which recorded their preferences and wishes about the end of their life; they contained details on all aspects such as people they would like with them, what they would like to be done with their possessions, where they would like their funeral and readings they would like.

Staff recognised the effect that a death may have on other people living at the home, in order to support people a 'celebration of life' was held where the person's favourite food is eaten, staff and people reminisce through photographs and conversation. Everyone writes a message on balloons and then gathers to release them in the garden. Ongoing support from either staff at the service or other professionals is put into place when needed to help people through a period of grief.

## Is the service responsive?

### Our findings

It was clear that the service worked exceptionally hard to maintain a person-centred approach to care and support. Staff offered individualised care, for example, each bedroom was completely different and decorated to the likes and dislikes of each person. Thoughtful care and consideration had gone into making each bedroom as individual as possible, one bedroom had been designed to really support sensory stimulation as the person spent the majority of their time supported in bed. Staff had been creative in supporting another person to ensure that their bedroom space was individual to their needs by creating an individual sensory stimulating environment. This had benefited the person as they were now able to enjoy a stimulating activity. People, who were able, told us they had been completely involved in designing their bedroom space. People participated in activities which were suited to their own needs and preferences. One relative commented, "It is so personal and homely, not institutionalised at all." Another relative told us, "They put on great events, families are always invited. They all get to do so much."

People were supported to take part in a wide range of activities and an array of social events both within the home and in the community. The registered manager told us, "We bring many activities to Maylands for those who cannot always get out and about due to health." They had weekly music and movement sessions, bingo, singers and animals visiting the home. Throughout the home there were picture collages of the many social events that were held either at the home or in a local hall. These included a Queen's tea party, 'Hogwarts' Halloween and Ascot day.

We were told how people thoroughly enjoyed celebrating any event, everyone had a birthday party of their choice, for example, we were told about one person and their love for the police force – staff arranged a 'cops and robbers' birthday party complete with a visiting policeman and car. Upcoming events included a celebration for Burn's night and a Valentines meal, during the inspection we heard discussions about plans to celebrate Easter. Regular coffee mornings were held, with people from the local community, along with family and friends being invited. People told us about their different themed parties ranging from 'A royal cream tea' to a Laurel and Hardy theme'. The registered manager told us that some people had requested the opportunity to play football, so a local sports hall was booked and team kits made, after a number of weeks there was a presentation evening to celebrate people's success.

Individualised trips were planned to places people wished to go and during residents meetings group trips were agreed. Last year four people went on holiday to Camber Sands and those who wished to go but did not wish to stay visited for a day trip. Another person felt this did not interest them so instead went on a coaching holiday to look at gardens which was their passion.

The registered manager and staff went out of their way to ensure that whilst organising and planning group activities and excursions such as regular day trips to the seaside, wildlife parks, trips to London, local theatres and bowling along with meals out, that they were innovative and creative in meeting people's individual interests. People were encouraged and supported to pursue their hobbies and interests for example; one person had been supported to obtain a pass to a local animal park as they had a passion for visiting and watching horses and another had a weekly history lesson, the registered manager identified a

history teacher who could provide this service; this meant that the person now bases other activities around their knowledge of history and is being supported to identify a course they could complete to lead to a qualification.

People had communication plans that explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well and were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

Staff worked consistently to support people in a way that enhanced their sense of wellbeing and quality of life. One person had been supported following a particularly challenging period of their life, where they had neglected their own wellbeing. With kindness, compassion and nurturing the staff team had been able to gain the person's trust and within a few weeks was able to support the person to find a new sense of confidence and independence.

Many people had lived at the service for a number of years. When people were considering moving into the service they and their loved ones, along with other professionals had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. Moving into Maylands was tailored around each individual, so people may come for trial visits for lunch or dinner, or overnight. The length or amount of these visits would depend on the individual's needs and preferences. The registered manager told us they had put together a picture video guide for people to view when they were considering using the service. This helped people get a feel for what it was like to live at Maylands.

Staff demonstrated an excellent understanding of the people they supported. Staff told us that they followed the care plans and guidance, and asked colleagues if they needed help. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they could and couldn't do for themselves, what they needed help with and how to support them. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Each person also had a 'person centred plan' this showed, mainly in photographs, what and who was important to the person. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff. Hospital passports were completed if a person was admitted to hospital, rather than being 'pre-written', this was to ensure that the most current detail about the person was shared with the hospital. People were encouraged to participate in writing their own care plan, if they were not able then where possible family or friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. Important people, such as family and friends, were named in care plans. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service. The registered manager and staff wholeheartedly promoted family relationships and friendships and worked hard to help people to maintain relationships and friendships. Staff drove people to visit and stay with family and collected them. Families were always invited to events that were taking place. Visitors were made welcome at any time of the day, and were actively

encouraged to spend time at the home.

We were told by people, staff and relatives that people were completely involved in the day to day decisions of the home. Residents meetings and feedback questionnaires gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. For example, discussions around events, activities and menu's took place. People were also involved in the recruitment decisions at the home, taking part in interviews and offering their feedback on candidates which the registered manager took into account when making a decision .

The garden area to the side of the building had recently been made into an accessible patio for people to be able to enjoy BBQ's in the sun. We were told about plans to develop other areas of the garden, for example to add a 'beach hut'. Ideas to develop and adapt the home had been brought forward by people and implemented by the registered manager.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. One relative told us, "Nothing at all to complain about, it's all excellent. If I had any concerns I would talk to the manager or owner, they are always willing to listen. We often discuss things, like end of life care. They are all approachable and easy to talk to." A very large number of compliments about the service had been received, and the registered manager retained these and fed back the comments to staff. One such compliment read 'All needs are met; it makes us very happy that X is so settled and happy. The staff are thoroughly competent in every aspect' and 'there is a special atmosphere of warmth, thank you for all that you do.

## Is the service well-led?

### Our findings

The service was well-led by an established registered manager. People, relatives and professionals had only praise and positive feedback. One professional commented, "I have always found Maylands open and honest and very willingly to work jointly with social services and our health colleagues. I would have no hesitation in using the service again in the future." Staff felt that they were well supported. One staff member commented, "{The manager} is caring, really supportive. I've never been worried about approaching them for anything. The owners are often here; we can make suggestions and give ideas and be listened to."

The registered manager had worked at the service for many years; however, it was clear that they were committed to continually strive to improve the outcomes for people. Time and thought went into planning suitable activities, ensuring that that each person received care and support that fully met their needs. The registered manager demonstrated an excellent knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection; each had delegated responsibility for health and safety, daily allocated jobs and attending training courses.

The registered manager led by example, they regularly worked shifts and was always visible. They made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff were committed to providing a good quality of life to people.

The registered manager was aware of their responsibilities and had a good management oversight of the home. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. In addition, the registered manager undertook 'spot check' visits to the service to ensure that standards were maintained on all shifts. As a result of this routine testing the registered manager was able to monitor and improve care delivery. The registered manager said they were well supported by the provider; who was always available by telephone and listened and responded to any needs.

Systems were in place for quality monitoring checks, quality assurance surveys from relatives and health care professionals gave positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality. Feedback was requested at review meetings and other meetings and all comments and suggestions were listened to and acted on. Surveys were sent to people, their loved ones and staff so they could give their views more formally. The registered manager had analysed the results from recent feedback and created a document which highlighted the positive feedback that the service had received.

The values of the organisation were; to provide, to nurture, to encourage and to develop. The registered manager and staff were clear about the values and it was evident these were put into practice on a daily basis. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first. For example, one person's family were unable to visit them at Maylands so to facilitate this, the service collected the person's relative every week so that they could have lunch at Maylands with their loved one. People were encouraged to be as independent as possible; this varied throughout the service from small tasks such as being supported to brush teeth independently to being supported to move on to more independent living. The registered manager told us that they had referred a person to Occupational Therapy to receive support with travelling independently. After support and guidance this person was able to travel independently on public transport. Another person was supported to gain a job volunteering at a local day service.

The registered manager had forged links with the local community. They had good relationships with the local church, funeral directors and bereavement support services; letters and notes displaying compliments also demonstrated this. They also worked closely with local day centres, who often attended social events that they had organised. The registered manager told us that they had been asked by the local community professional team to support other care services in the area in supporting people with their changing needs. For example, they had been working closely with a service to guide them in supporting a person whose needs had rapidly changed. This meant the person was able to stay in the home they knew with familiar staff. Feedback we received from professionals was wholly positive, and commented on their good working relationships and the positive impact this had for people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.