

Surrey and Borders Partnership NHS Foundation Trust

Derby House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Derby House is a care home which provides personal and nursing care in one adapted building for up to eight people with a learning disability including autism. At the time of our inspection, there were five people living at Derby House.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's care and support was planned proactively in partnership with them. Staff used individual ways of involving people and people took a key role in the local community and had opportunity to access education and work. People were supported in a way that gave them a fulfilling life and promoted an enhanced sense of well-being. Staff focused on providing person-centred care and relatives and professionals described people's care in a positive way, telling us people experienced new skills and experiences through the support of staff.

Staff make huge efforts to ensure people had opportunities to take part in activities that reflected their interests and preferences. This included activities on site, such as baking and caring for the in-house pets, as well as off-site which included going abroad on holiday and participating in national projects to promote autism. People were encouraged to participate in local enterprise and where their needs changed staff upskilled themselves in order to help people remain in their home.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People lived in a service which was clean and hygienic and staff supported people to access healthcare professionals when they required it as well as receive all the medicines prescribed for them.

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

People were able to make choices about the food they ate. Each person had a health action plan which detailed their health needs and the support they needed. Staff worked with external organisations and professionals to help provide the most effective care to people. External agencies gave positive feedback about the care and support people received.

Staff were kind, caring and attentive. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

People, relatives and staff benefited from good leadership provided by the registered manager. Staff said there was a strong team ethos and staff said they received good support from the registered manager and their colleagues.

People who lived at the service, their relatives and other stakeholders had opportunities to give their views. The provider's quality monitoring systems were effective in ensuring people received good quality care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we gave the service a rating of Good (published 2 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Derby House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Derby House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed notifications we had received from the service. These were notification of incidents or accidents that had occurred at Derby House since our last inspection.

We used all of this information to plan our inspection.

During the inspection

People were not able to hold full conversations with us during our inspection, therefore we observed care and interactions between staff and people. We did however, have limited conversations with three people who used the service. We spoke with four members of staff as well as the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at records relating to staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The registered manager sent us further information requested following our inspection, this included details of external agencies the service engaged with. We spoke with three relatives about their experience of the care provided and received feedback from four social care professionals and one health professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who would report any concerns they had in relation to people being harmed. Staff told us, "First call, report to manager, document it and inform the social worker" and, "Main concern report it and safeguard person."
- Records showed evidence of the registered manager working closely with the safeguarding authority in relation to any concerns about potential abuse. A relative said they had no concerns that their family member was not safe, telling us, "She is absolutely fine."
- The registered manager had also reported concerns to the Care Quality Commission in line with their requirements of registration.
- A healthcare professional told us, "Safety is well managed. The door is secure and I am asked to sign the visitors book."

Assessing risk, safety monitoring and management

- Risks to people had been identified by staff and detailed and thorough information in relation to these risks and how they could be reduced was in place. A relative told us, "Staff provide a safe and caring environment."
- Staff demonstrated a good understanding about people's risks. One staff member told us, "The risk is she can be quite determined; her mind set to do something. We have to use something to distract her." They went on to say about a second person, "Sensible shoes and we put trousers on her to give her some protection for her dignity and safety."
- A healthcare professional told us, "On another occasion, [registered manager] contacted me with regard to the use of bedrails for one of the ladies. It was immediately clear safety was paramount so I was pleased to support her in requesting bedrails."
- Staff were seen to follow guidance when providing care to people. Such as when staff walked in between two people who could become agitated with each other. A staff member told us, "We update risk assessments as we go along. We empower staff to review the risks as well if there are any changes." We read of a risk assessment for one person which was drawn up to enable them to go around the St Ebbas site independently.
- All staff were fire trained which meant they knew the processes for keeping people safe in the event of a fire, or an evacuation from the building. A staff member said, "We are all fire warden trained. Exits are on both sides of the house." A fire risk assessment had been completed in February this year and the service had a contingency plan in place in case of the need to move people out on a longer-term basis.

Staffing and recruitment

- People were cared for by staff who went through a robust recruitment process. All recruitment checks were undertaken by the registered provider's human resources team. These checks included a full employment history, references, evidence of the right to work in the UK and a Disclosure and Barring Services (DBS) check. A DBS checks that the staff member is suitable to work in this type of setting.
- There were sufficient staff to care for people living at Derby House. Everyone required one to one care when both inside and outside of the service, with one person requiring two to one care when out in the community. A relative told us, "There are always plenty of staff about." A second relative told us, "I have never seen a lack of staff."
- Staff worked flexibly to ensure people received the level of care they were funded for. We did not see people waiting for care or being without the relevant staffing levels.
- Staff told us, "We have the right mix and enough staff," "There's good team work" and, "I think the manager has assessed levels properly. It's well staffed."

Using medicines safely

- People received the medicines they required and medicines processes were robust.
- Each person had a medicine administration record (MAR) which gave information on the person such as any allergies, their GP and how they liked to take their medicines. We did not see any gaps on people's MARs which told us that people had received their medicines.
- Where people had an 'as required' (PRN) medicine we found PRN protocols in place. However, these were not present in all cases and we spoke with the registered manager about this. We were confident she would address this immediately.
- Medicines were stored securely and regular checks were carried out to ensure all medicines were accounted for.

Preventing and controlling infection

- People lived in an environment that was suitably well maintained and clean and staff were seen to be carrying out cleaning throughout the day.
- A staff member said, "The first thing is hand hygiene to contain the infection. Provide barrier intervention so you don't cross contaminate."
- Regular infection control audits were carried out to help ensure the environment and equipment was kept clean.

Learning lessons when things go wrong

- Where accidents and incidents occurred involving people, staff recorded these and logged action taken to help prevent similar incidents.
- Accidents and incidents were reviewed by the registered manager to look for trends and themes and changes were made when necessary. This included for one person who received a scratch to their head whilst having a bath. Guidance was written up to remind staff to encourage the person to sit the other way in the bath, away from the taps. Staff were able to tell us about this.
- In each team meeting a comprehensive review of all accidents and incidents took place. Ideas were collated, explored and learning from these took place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been carried out with people prior to moving into Derby House to help ensure the service was an appropriate place for people to live. People living at the service had lived there for some time and as such staff knew people well.
- The service used recognised clinical assessment tools to monitor risks and provide effective care. Information and guidance to deliver effective care and treatment was displayed within the service, such as safeguarding people from harm or abuse.

Staff support: induction, training, skills and experience

- People were cared for by staff who underwent appropriate training for their role. A professional told us, "Staff appear competent."
- New staff went through an induction period and undertook mandatory training such as moving and handling, first aid or food and nutrition.
- Regular refresher training was provided to staff to help ensure they followed best practice and their competency was maintained. Records evidenced staff were compliant with their training which included specific training such as autism and epilepsy. These modules had recently been introduced to the service and staff said they felt it helped their understanding.
- The registered manager told us, 'Staff are currently taking on the care certificate, diploma level 3 and I am presently undertaking the diploma level 5.' This was confirmed by the records we reviewed.
- Staff had monthly supervisions and annual appraisals giving them the opportunity to meet with their line manager on a one to one basis to discuss their role, any concerns or training needs. A staff member said, "[Registered manager] is always keeping on top of her supervisions."

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

- Where people had particular dietary requirements these were recognised by staff. One person had gained much needed weight as a result of staff's input to their food intake. A relative said, "She wasn't eating and since staff have supported her with her food, she has really improved." One person told us, about the food, "The best thing is the scrambled egg."
- People were encouraged to be involved in food preparation and making their own drinks and we heard people being given a choice of what to eat at lunch time.
- Picture aids were used to help people understand what choices were available, and people went shopping to participate in purchasing food items for their meals.

Staff working with other agencies to provide consistent, effective, timely care

- People were cared for by staff who worked with external agencies to help ensure they received the most appropriate care. One person in particular had experienced some complex medical needs and staff liaised with professionals involved in the person's care and supported the person during their period in hospital. We heard from professionals that without the staff's effective care, this person may not have been able to return to Derby House from hospital.
- Staff worked closely with the dietician in relation to this person and other health professionals in relation to a second person. A professional told us, "My recommendations on positioning (for one person) were closely followed by staff."

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

- People lived in an environment that was suitable for their needs. The environment was bright and maintained in way that enabled people to move about freely without the risk of injury. Derby House was personalised for people. Their rooms were individually decorated and contained items that reflected their personalities.
- A professional told us, "Every decision [registered manager] makes future proofs the care of the ladies. She wished to provide bathing facilities which supported the ladies in their advancing years. As a result we managed to get a (specially adapted) bath. As the bath is height adjustable, it also reduces the stresses placed on staff to provide personal care. As mobility decreases over time, this bath will come into its own."
- Where people required tables or adapted cutlery to enable them to eat independently in a comfortable way this was provided.
- The outside environment was level and allowed for people to retain their independence if they wished to go outside in the garden, which we heard one person in particular liked to do.
- We read recent feedback from a visitor which noted, 'The clients are respected and their environment reflects their choices. Derby House is a home, rather than a residential environment'.

Supporting people to live healthier lives, access healthcare services and support

- Staff provided support to people to enable them to access health care professionals to maintain their health. There was evidence of GP, mental health team, optician and chiropodist involvement with people. A relative said, "Her fits have been reduced (because of staff input)." A second relative told us, "If there is anything that happens, like going to the doctor or a change in her medicines they write to me." A healthcare professional told us, "They (staff) refer to me appropriately."
- People had health action plans and hospital passports which contained relevant and up to date information about people should they need to spend time in hospital or required regular reviews with health professionals. Staff could describe people's needs well. A relative said, "Health appointments are kept."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the service was complying with the MCA and staff had a good understanding of this.

- People's capacity was assessed and decisions which involved restricting their liberty were reached following the correct legal requirements. For example, people had capacity assessments for personal care, locked doors and living at Derby House. Each was supported by a best interests discussion and decision.
- Staff understood the need to ensure they obtained consent. One staff member told us, "Always assume capacity, you do your best, the family should be involved. Restrictions include bed rails and locked doors."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who demonstrated a kind and caring approach. One person told us, "I like it here. Staff are nice." A relative told us, "She is well looked after." A second relative said, "I am always delighted to visit to see what's going on."
- A staff member told us, "(I care) by my facial gesture. They see you before you open your mouth – go in with a happy face and use gentle tone of voice." A second staff member told us, "I take into view what they like, you can see their general interests and you should support them."
- We heard staff speaking with people in a respectful way and there was easy-going conversation between people and staff. One person wished to look at their personal tablet and a staff member told them, "You can in a little while, it's charging at the moment my lovely."
- People were happy to speak with us, which indicated to us they were relaxed and happy within their home.
- A professional told us, "Staff have got to know people very well. Staff are considerate and kind." A second professional said, "The simple facts are, staff enjoy their jobs and this is always reflected in the fantastic care of the ladies." They went on to say if they had a relative living at Derby House they would, "Rest safe in the knowledge she was being cared for with dignity and respect; being given choices at every turn; and simply being allowed to be herself."

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

- Throughout our inspection, we heard staff encouraging people to make their own decisions. This ranged from if they wished to go out, what they wanted to wear or watch on the television, and where they wanted to sit when having their lunch.
- One person was being supported to choose the décor for their room which was due to be redecorated. A professional told us, "Staff give her a lot of time to make her own decisions."
- A staff member told us, "When we do handover, we will ask the ladies what they want to do for the day. We print pictures to help with suggestions."

Respecting and promoting people's privacy, dignity and independence

- People could choose where they spent their time. One staff member told us, "Quite a few of the ladies like to spend time on their own in their rooms." We observed people returning to their rooms throughout the day.
- Some people had keys to their bedroom doors giving people a sense of ownership of their private space and belongings.

People's independence was encouraged. One person regularly went out on their own around the St Ebbas site and we saw them do this on the day. Another person was given adapted cutlery at lunch time so they could eat independently.

- A staff member told us, "Respect and dignity go hand in hand. Don't treat them (people) like children, encourage and promote as much independence as possible." A professional told us, "Service users are treated with respect and dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Since the last inspection staff had undergone specialist training in order to enable one person to continue living at Derby House which had been their home for many years. Staff had also supported people to access a wider range of activities than they had done before. People had encountered new experiences and opportunities resulting in increased confidence as well as a better sense of well-being and a reduced risk of social isolation. We observed positive changes in people at this inspection from our previous visits. The outcomes and impact to people, described below, from staff involvement, understanding and engagement were very evident.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff were supporting people in a person-centred way and people's care and support was planned in partnership with them. A relative told us, "They (staff) help her have a better life and to live as best as possible. It's quite exceptional. They provide her with stability and that brings her happiness. Derby House is a wonderful testament to the NHS." A health professional said, "Staff know the clients well and are interested and concerned about what is happening for them." A second professional told us, "The care is unparalleled and very imaginative."
- Professionals told us staff focused on providing person-centred care. One healthcare professional told us, "Some people have very challenging behaviours and staff are skilled at supporting them. For example, [registered manager] noticed one person's cognitive deterioration which meant we could review them and look at the most appropriate care." A second healthcare professional said, "Over the years, I have seen a significant improvement in the quality of care."
- With staff involvement and support people had an enhanced sense of well-being. This sentiment was echoed by professionals. One social care professional told us, "My client displays challenging behaviour at times, but this has reduced significantly (due to living at Derby House)." A professional told us that the family of one person stated, "The support she receives at Derby House is excellent." A relative said, "She has really improved in the last few years."
- Staff were encouraged to bring forward ideas to develop and maintain people's independence and individuality. One person was supported to explore their sexuality with the input of a sexual therapist. Staff were working on a project with another person by carrying out an analysis of the impact of their timetabled activities. This had reduced the frequency of their challenging behaviour resulting in staff being able to start to expand on the activities available to them.
- Where people's needs had changed, managers and staff were exceptionally committed to meeting these needs and took steps and underwent training outside of their core skills to help ensure people could remain in their home. One person had some recent complex medical needs and had been admitted to hospital on

numerous occasions. Rather than the person moving to another service, staff had worked closely with health professionals to develop their skills, so the person could return to their home. A professional said of staff, "The person has been well supported through difficult times and through significant changes in her needs." Their relative told us, "The staff have been brilliant and she is so much better and really happy."

- Assessment information was used effectively to develop a plan of care that provided comprehensive information to guide staff. Care plans looked holistically at people and were extremely person-centred with detailed information about people's personalities, culture, likes, dislikes and care needs. Information included their wishes and hopes for the future and how they wanted staff to support them. We read, in the case of one person, they had three wishes they would like fulfilled. Staff were working with them to achieve these through new experiences and as such one of them had been fulfilled.
- People's care plans considered their life experiences to date and staff recognised people's individual needs and provided a responsive approach to help ensure any relevant cultural or diverse needs were understood and met. One person had a strict night time routine which had been developed in conjunction with the person. Staff followed this to enable the person to retain a sense of calm when going to bed. Where one person had specific cultural needs that related to their place of birth, these were recognised by staff and staff supported the person with this by assisting them to use technology.
- Staff were skilled at identifying and managing risks to people in order to improve people's lives. For example, one person required two to one support when out in the community, however through staff engagement this person was now able to attend events on occasions with only one staff member present.
- No one living at the service was currently receiving end of life care. However, the registered manager and provider's services manager were undertaking end of life training and we noted that people's wishes and hopes were recorded.

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

- During the inspection, people were busy doing activities that they had chosen. We heard how people used public transport when appropriate giving them a sense of freedom and independence and holidays had been arranged so people could experience different cultures and environments to broaden their experiences. These holidays had taken a great deal of planning and support based on staff's knowledge of people as individuals.
- People were engaged and following their own interests. One person was involved in a project with the Autistic Society. They had flown to Ireland for a presentation and had also presented to the provider's senior management team. Their relative told us, "She's on a communication project. She's been to Edinburgh and the House of Lords. It's for everyone's benefit and it's to get the staff involved in technology. Her vocabulary increased from 50 words to 500 words (through using the technology), the improvement was unbelievable."
- Professionals told us people were encouraged to participate in activities of their choice and retain their independence. A relative told us, "Without a doubt, she really gets out and about." One person was keen to show us the photographs of their trip to Paris and professionals spoke highly of staff involvement and how this person was enabled to live as full a life as possible. One professional said, "(My client) has improved in terms of independently getting involved with activities of daily living." They added, "(My clients) literacy and numeracy skills as well as community involvement has increased. They have progressed significantly."
- A second healthcare professional told us, "There is certainly a strong emphasis on activity, with my client going on lots of outings as it's something she particularly enjoys." A relative said, "She's very busy."
- People had exceptional levels of engagement with their local community. Arrangements for social activities were wide ranging and people had the opportunity and support to become involved in education or voluntary work. One person had enrolled at a local college and a second person underwent a period of volunteering in a local high street store. A third person went independently to the day centre on the St Ebbas site to help out in the coffee bar. Some people had built relationships with local shop owner's. This included

one person visiting a local pet store on a weekly basis, to speak with the owner and their parrot.

- Activities were arranged both during the day and in the evening, enabling people to go out when they wished. People went to discos, the cinema, musicals, horse-riding, pottery classes, companion cycling, bowling, the theatre, shopping locally and up to London. A staff member told us, "We take into account their cultures and encourage and support activities that are age appropriate." A professional told us, "She has a full and active range of activities. [Registered manager] is very imaginative. For example, enabling someone to take positive risks in a safe environment by going to Centre Parcs and being able to ride around on a trike in a car-free environment." They added, "By doing this it gave her freedom and liberty." A second professional said, "The ladies know exactly what they want and staff are happy to support them with their wishes."
- Technology was used with people to enable them to maintain relationships with their family. One person was using their personal tablet to speak to their family abroad each week.
- People were supported to participate in social enterprises. For example, people were supported to make cakes which they took to the provider's head office to sell. Donations were paid into a 'cake sale' account and used to fund outings or items of people's choosing.
- Following suggestions from people, two Guinea Pigs were purchased. People were involved in choosing them and buying their home, as well as supporting to care for them on a daily basis.
- People were encouraged to mix with peers living on the St Ebbas site and develop relationships. One person from another service regularly came to dinner at Derby House spending time with one lady in particular. A second person was invited to a recent barbeque. One person had expressed a wish to spend time in the company of men and as such staff had supported them to attend disco's in the evening several times a month in order to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- 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 encouraged to make choices verbally, using simple signs, photographs or objects of reference. A professional told us, "There is a lot of visual stimulation." A 'speak out' meeting was held each month with people to enable them to do this.
- People's care plans were in picture format and a staff member told us, "Care plans are written in a language that people understand."
- Other information was also recorded pictorially, such as the complaints policy and safeguarding information.
- Staff clearly understood people, despite some people being unable to communicate verbally in a clear way. Staff tuned in to people's voices, expressions and body language to respond to their individual needs throughout the day.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns with staff. A staff member told us, "We use picture cards to try and identify why a person may be unhappy or sad. We explain they can talk to us if they are unhappy." A regular 'speak out' session was held with people where they were encouraged to voice any concerns.
- A relative told us, "If there is an issue we take it to the manager. She's usually quick to respond."
- There had been no complaints received by the service since our last inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care from staff who worked well together and as such supported people to live a varied and busy life. The registered manager had developed a culture within the staff team where staff felt supported and valued which meant they were open with each other and worked well as a team. They told us, "I am proud that my team and I have the ability to provide a service that people feel they are a part of and that they can make a true difference to the lives of each person living at Derby House."
- We observed staff seamlessly sharing duties to help ensure people were well cared for. A relative told us, "[Registered manager] provides leadership to others through coordination – she shows true care. It's a remarkable group of carers you have there." A relative said, "I am very impressed with [registered manager]. She is spot on in her thinking." A professional told us, "You could simply not want a better team than the one at Derby House. [Registered manager] provides excellent leadership and her staff know she will support them to the max."
- One staff member said, "Very good manager. I'm told I'm doing a good job. I feel valued." A second told us, "She is always visible and if there is personal care to do she will help. She will come and do breakfast and get involved in activities." We found this to be the case, as the registered manager was accompanying one person to a local fun fair that evening.
- Staff were empowered to progress and learn new skills. The registered manager told us in their PIR, 'We have two staff working towards their (care) diploma's, one staff has recently completed their level 5 in management, the home has recently been scored 'good' in their care excellence and will be progressing through the accreditation process.' A staff member said, "I am supported to progress in the role."

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

- The registered manager understood their responsibilities in relation to duty of candour. Where concerns had been raised or accidents or incidents occurred, apologies were provided to people and their relatives.
- The registered manager had notified CQC of all significant events that had happened in the service as part of their requirement of registration with CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular auditing took place at the service. A staff member told us, "I do a stock check every month (of the medicines) and [registered manager] will double-check it on the third week."

- The provider carried out monthly audits which reviewed all aspects of the service to include the environment, infection control, medicines, accidents and incidents and staff interaction with people. A recent audit resulted in the auditor commenting, 'Derby House is a wonderful service. I really enjoyed visiting and seeing how wonderfully the ladies are cared for'. The registered manager told us, "We have monthly audits within SABP which are of a huge benefit to us, they steer us in the right direction!"
- As well as provider and internal audits, the registered manager engaged with external auditors who lived in a similar setting to Derby House. This was known as an Ex by Ex (expert by experience) quality visit. The last visit was in October 2018 where suggestions raised at the previous visit were reviewed. We read they had recommended people being involved in staff interviews and new pictures and furnishings. Both of these had been recognised by the registered manager and they were working to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to give their views and be involved in making decisions. The registered manager had started a 'speak out' session, where people could make suggestions on the activities they would like to participate in, any changes they wanted within the home and food choices. This had been successful and had resulted in the purchase of the guinea pigs, a new cooker and some of the different outings that had taken place.
- Visitors to Derby House were encouraged to leave feedback. We read recent feedback was positive with people giving high scores for staff's helpfulness and knowledge, the cleanliness and atmosphere within the service and for meeting families expectations. Comments included, 'Thank management and staff for taking such good care of [name]', 'Very caring and helpful team' and, 'Derby House is a well-managed house with staff playing a major part of promoting and empowering independence and self-worth'.

Continuous learning and improving care

- Staff meetings were held regularly where staff discussed individuals' needs and looked at ways to improve life for them. One person had been sourced a more suitable wheelchair and bed as a result. A staff member said, "I will suggest things to better the service. I am listened to."
- The service had a clear set of goals and targets written within the homes, 'One Team, One Plan' document which illustrated a clear service journey plan. Some ideas included involving people within the recruitment process and planning holidays with people to find their 'perfect' destination and supporting them to have friends join them.
- The registered manager told us, "Derby House has come a long way and we all strive to support the ladies to our best ability, promoting choice, independence and supporting the ladies to experience new places." This was borne out by recent trips abroad and holidays which for some people were the first time they had encountered these events. A relative told us, "[Registered manager] is trying to improve the service all of the time."

Working in partnership with others

- Staff worked closely with the local GP practice who told us, "Under [registered manager's] leadership people are well cared for." They added, "We have regular conversations about residents and review people's medicines through the STOMP pilot."
- They also worked with other external agencies, voluntary organisations and community projects to the benefit of people. This included the registered manager working with local companies and a charity in an attempt to secure voluntary or paid work for people at Derby House.