

Lancashire County Council

# West Lancashire Short Break Services

## Inspection report

7 School Lane  
Skelmersdale  
Lancashire  
WN8 8EH

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29 August 2017

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 23 and 29 August 2017. The first day of the inspection was unannounced.

West Lancashire Short Break Service is registered to provide accommodation for up to six people over the age of 18 with a diagnosis of a learning disability, autistic spectrum, physical disability and older people on a short term basis. At the time of our inspection 70 people were accessing the service and six people were in receipt of care at the home during our inspection. People who used the service were referred to as 'guests' in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection on 9 January 2015 the service was rated as good overall with outstanding in effective and was meeting the regulatory requirements relevant at that time. During this inspection we found the service was meeting the requirements of the current legislation. The home had successfully retained an outstanding rating in effective and had improved its rating for responsive to outstanding.

There was an exceptional training programme in place that provided in depth and relevant knowledge and skills to fully equip staff to meet the individual needs of guests.

Professionals were exceptionally positive in their feedback about the home and the quality of the care they provided ensuring the guest's individual health needs were met.

The care delivered to guests was exceptional and we observed multiple examples of this during our inspection. Relatives regarded the care guest's received as the highest quality. There was a collaborative approach to the delivery of care. Discussions regularly took place that ensured care was relevant up to date and continuous in the high quality delivered.

Guests and family members confirmed they had been involved in the development and reviews of the care files. Records we looked at had detailed and exceptional information in them about how to support guests individual needs, likes and choices.

Activities were tailored around guest's likes and choices and the programme of activities available for guests was excellent and met their needs. Staff supported guests to engage in meaningful activities both in the home as well as out in the community.

There was an excellent system to deal with complaints in place and records we looked at confirmed the actions taken as a response to concerns or complaints. The feedback about the service was exceptional.

Guests and relatives confirmed the home regularly asked for their feedback about the service that was delivered to them.

Systems to protect guests from the risks of abuse were comprehensive and detailed. Investigations had been thoroughly completed and included evidence of the actions taken to ensure that the guest's safety was maintained. Staff demonstrated a detailed understanding of the principles of safeguarding and how to protect guest's from the risks of abuse.

There was a detailed recruitment programme in place that ensured guests received quality care from a very skilled staff team. Staffing levels ensured that guests received high standards of care that protected their welfare and safety.

The building had been purpose built and offered excellent well maintained facilities that supported safety and quality in the care that guests received. All bedrooms had excellent facilities available to guest's which included ensuite showers, flat screen televisions and internet access.

Thorough risk assessments were in place to protect guests from any identified risks enabling them to take positive risks. Records of regular environmental checks and service certificates demonstrated that the home was maintained to a very high standard.

The management of medicines clearly met the needs of guests in the home. Staff demonstrated excellent knowledge and skills during administration of medicines, Records and procedures identified effective systems were in place to ensure medicines were managed safely.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had a detailed understanding by staff of Deprivation of Liberty Safeguarding (DoLS) and of the Mental Capacity Act 2005 (MCA) and its relation to protecting guests from unlawful restrictions.

The privacy, respect and dignity of guests was an essential competent of the experience of the guests in receipt of care. Guidance, up to date policies and regular training provided up to date information on how to meet guest's diverse needs.

We received exceptional feedback about the management and oversight of the home. Audits and quality checks were in place and demonstrated the ongoing oversight and development to ensure guests received a high standard of care whilst in the home.

## 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.

The building had been purpose built and offered excellent well maintained facilities that supported the care that guests received.

Thorough risk assessments were in place to protect guests from any risks and enable them to take positive risks.

Systems to protect guests from the risks of abuse were comprehensive and detailed. Staff demonstrated an in depth understanding of abuse and how to protect guests from abuse.

The management of medicines met the needs of guests in the home. Staff demonstrated safe practice during the administration of medicines.

### Is the service effective?

Outstanding ☆

The service was outstanding.

Staff and the management had an excellent understanding of the principles of MCA and DoLS and how to protect guests from unlawful restrictions. It was clear guests and where appropriate relatives had been included in decisions about their care and had agreed to it.

Training provided to staff fully equipped them to deliver exceptionally high quality care to guests.

Guests had access to relevant professionals to support their individual and holistic needs. Professionals were extremely positive about the home and service it offered to guests.

Meals provided were balanced and nutritious and where guests required specialist support, staff delivered this in line with their individual and assessed needs.

### Is the service caring?

Good ●

The service was caring.

Staff delivered exceptional care to guests. Relatives, professionals and staff provided examples of the good care delivered to people. There was a collaborative approach to ensuring that all guests received care that fully met their needs, choices and likes.

The privacy, respect and dignity of guests was an essential competent of the experience of guests receiving care.

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

The service was outstanding.

Information in care records was exceptional and clearly demonstrated guest's current needs, likes and choices.

There was an excellent activities programme in place that allowed guests to enjoy a meaningful and fulfilled life during their stay in the home.

Excellent systems were in place to ensure any concerns or complaints were dealt with and included measure taken to prevent any further concerns. The feedback about the home was excellent.

**Outstanding** 

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

The service was well led

The feedback about the registered manager demonstrated the very high regard guests, relatives, professionals and staff held about him.

Guests and relatives confirmed the home regularly asked for feedback about the service that was delivered. Team meetings took place and staff felt able to be involved in these.

Audits and quality checks were in place and demonstrated the ongoing oversight and development of the home to ensure guests received a high standard of care whilst in the home. The home had successfully retained an outstanding rating in effective.

**Good** 

# West Lancashire Short Break Services

## **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 23 and 29 August 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience whose background was in the care of people who have a learning disability, people who have a dual diagnosis of learning disability and mental health and people with autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we checked the information we held about the service. This included any information about any investigations or feedback about the service as well as statutory notifications. A notification is information about important events which the service is required to send us by law. We also looked at the Provider Information Return (PIR) we asked the provider to submit prior to this inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection we undertook observations in the communal areas of the home. We also undertook a tour of the building.

To understand the experiences of the care guests received in the home we spoke with five guests and observed interactions between them and staff. We spoke with 10 relatives of guests who received short term care in the home and one professional whose team had regular involvement in the home. During our inspection we spoke with three staff members, the team manager and the registered manager who had overall responsibility for the home. We also checked a number of records to understand how the service was

being managed. These included four staff files, training records, two support plans, feedback about the service, team meetings records, reviews and quality monitoring in the home.

## Is the service safe?

### Our findings

All of the guests we spoke with and relatives told us they had no concerns about their safety. Guests said they were, "Happy", "It's very safe there" and "They look after us really well." Relatives told us, "[Name] loves coming here, she always comes home happy. I can't fault it the service is outstanding." Another said the home was, "Safe I trust the staff whole heartedly", "Safe he loves it there he's always relaxed when he comes home" and ", "Safe oh yes they understand him they get him." Feedback in recent quality surveys and compliments forms stated, "Continue what you are doing as you provide a fantastic service" and "I like it here, it is good, I love it here."

Staff we spoke with demonstrated a detailed understanding of the signs of abuse and the appropriate measures that they would take to protect people from harm. One staff member said, "I have never seen anything to worry me. Any concerns I would whistle-blow, absolutely" another said, "Any concerns I would go to the manager and discuss them." One professional told us, "If any safeguarding concerns arise they are appropriately addressed and the practice of "lessons learned" from any occurrence is always put into place."

The home had an up to date and comprehensive policy that would support and guide staff in dealing with any allegations of abuse. We saw staff had signed the policy to confirm it had been read and understood by them. There was a detailed system in place that demonstrated that appropriate actions had been taken by the provider to investigate and act on any allegations of abuse. Records we looked at had evidence of completed investigations and appropriate actions taken as part of investigations. This would help to keep guests safe. Copies of the statutory notifications that had been submitted to the Care Quality Commission in a timely manner were seen.

We undertook a detailed tour of the building. The home had been purpose built and provided excellent facilities and it was apparent that the home would be able to meet the individual and complex needs of guests making use of the facilities. All bedrooms were large and contained accessible rise and fall beds that supported guest's mobility and personal care needs as well as supporting the safe moving and handling procedures for staff. Where specialised equipment was required for guests during their stay all bedrooms had plenty of room to accommodate them. Bedrooms were light and airy and guests had individual televisions and internet access during their stay.

To ensure guests were able to seek support from staff whenever they needed it all rooms were fitted with a call bell system and some rooms had electronic listening facilities so that staff could monitor any changes in a guest's condition and respond to these appropriately. One guest told us, "I like my bedroom" and another said, "I use a hoist and there's hand rail in the bathroom on the wall. I'm registered blind so my carers (staff) tell me where we are." A relative told us, "Safe totally. He uses a wheelchair. He has a feeding machine, a suction machine and Percutaneous Endoscopic Gastrostomy (PEG)." PEG is a surgical procedure for placing a tube for feeding and administering their medicines. Feedback in the quality surveys we saw about the environment guests lived in demonstrated the excellent feedback about the facilities on offer. Comments included, "The building is suitable, homely and welcoming", "This is a great building an excellent

standard of accommodation" and "A first class state of the art building."

Corridors and communal areas were large and spacious and all areas of the home were clean and tidy and free from any clutter. We saw guests and staff making use of all communal areas at times of their choosing. For example one guest was seen accessing all areas of the home in their wheelchair freely. These included the lounge and dining area as well as the outside secure back garden.

The kitchen was freely available to all guests and people and we saw the kitchen was clean with all hazardous material and substances safely stored away. The registered manager told us where guests required one to one support from staff in an environment on their own this would be provided safely with secure doors that would protect people from unnecessary risk. Large accessible bathrooms with tracking hoist systems and mobility equipment was available to support guests with bathing where their mobility was limited.

There were comprehensive and detailed records that confirmed regular and up to date checks were taking place in the home that would ensure guests lived in an environment that was safe and maintained to a very high standard. These included water temperature checks, lifting equipment, electric and gas safety checks along with potable appliance testing and regular legionella checks.

The registered manager demonstrated their understanding about the cleaning responsibilities in the home, they told us all staff were allocated daily duties to be undertaken to ensure the home was clean and tidy and protected guests from any risks of infection. We observed staff undertaking household duties during the inspection with dedication and commitment to the task. It was clear from the records that a robust and effective cleaning programme was in place in all areas of the home. Regular infection controls audits were taking place and records confirmed a daily cleaning schedule was ongoing.

During our observations we saw the home was clean and tidy and smelled fresh. The registered manager told us to protect guests from the risk of cross infection all of their personal clothing was washed separately and returned to guest's on their departure from the home. Soap dispensers and paper towels were available in all of the bathrooms as well as hand washing advice to ensure staff had access to guidance on the correct technique for washing their hands. We saw all staff wearing appropriate Personal Protective Equipment (PPE) during all personal and cleaning tasks. Training record confirmed staff had undertaken appropriate and timely training in infection control that provided them with the knowledge and skills to protect people from the risks of infection.

There was appropriate arrangements in place for dealing with a fire which were up to date and reflected current regulation and practice. Personal Emergency Evacuation Plans (PEEP's) were in place for all guests at the time of the inspection. The registered manager told us all guests who made use of the facilities had PEEP's plans in place to protect them from harm in the event of an emergency. Fire records included regular and essential checks on fire fighting equipment as well as fire systems checks, evacuation testing and an up to date and detailed fire risk assessment. The staff told us that to ensure records relating to the evacuation of guests from the home were relevant and up to date with best practice guidance a local fire safety officer had been invited into the home to provide expert advice to ensure all guests were protected by safe and relevant guidance for staff to follow.

Care support plans had individualised guidance in them about the risks and needs of guests in the home and how staff could support and protect them from unnecessary risk or harm. They included a background history of the guest as well as any potential hazards, the consequences of the risks if no measures were in place and how to protect guests. Risks identified included, the kitchen, the bathroom, medicines and

accessing the community.

There was comprehensive system for dealing with any incidents or accidents in the home that demonstrated that safe and appropriate actions were taken by the staff to protect guests and prevent future risks. Records relating to any incidents were recorded in the guest's individual files and included the appropriate measures taken by staff to ensure guests were protected from future risks.

We saw effective systems in place for the storage, administration and recording of medicines that supported the individual needs of guests staying in the home. We undertook observations of the administration of medicines and it was clear staff had a detailed and comprehensive knowledge about guest's medicines and how to administer them safely. Staff were thoughtful and supportive to guests during their medicines administration. For example we observed staff supporting one guest during administration by offering gentle activities whilst the task was being performed. It was very clear from the reaction of the guest that this was the usual way they were supported to take their medicine and that they were happy with this. Medication Administration Records (MAR's) were complete and provided staff with the relevant guidance to support safe medication administration. These included up to date relevant guidance where specific instructions were required. For example medications via a PEG tube.

There was a separate secure room where all guest's medicines were stored securely and safely. Any unused medicines would be returned with the guest's following their stay. We asked about how the home ensured controlled medicines were stored in the home. Despite their being no controlled medicines at the time of our inspection we saw systems to ensure these were recorded and stored safely were in place when in the home. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. This would protect people from any misuse of medicines.

Staff told us and duty rotas confirmed that staffing levels supported guests to receive quality unrushed support with all aspects of their care needs. They said, "I work here as casual staff it fits around my family" "I love it here it is the best job. It is a lovely service to work for. I have never looked back"; "The duty rotas will highlight the one to one support for people. We do go out. They link people [guests] with staff who have similar interests" and "The service can be fluid to accommodate emergencies if it is required. We are fortunate to have a fantastic team. We build relationships with people based on trust linked with the homes values. We have a top staff team who makes sure everything is right." The registered manager told us they maintained high staffing numbers to enable the home to respond to any situation or specialist support for guests in the home.

Relatives and guests raised no concerns about the staffing arrangements in the home. They said, "It is a very supportive staff team. Some of the staff I wish I could take them home with me", "There seems to be enough staff" and "They have enough staff. I feel more secure knowing he's safe there."

We observed staffing levels were appropriate to undertake all the tasks required of them. For example where guest's required one to one support this was provided at all times. Thoughtful and engaging activities were undertaken throughout out the day by staff in an unrushed manner. For example one staff member was observed playing games on a hand held device with one guest. Another was seen taking part in thoughtful discussion about the garden and engaging them positively in some gardening. Duty rotas identified appropriate and flexible staffing numbers to ensure people's needs were safely met. Where tasks were allocated to staff, for example one to one support, these were clearly identified on the duty rotas to ensure staff understood their role for the day. Where gaps in duty rotas had been identified these had been covered with regular casual staff to ensure the care of guests remained consistent and staff knew their needs well.

Records relating to the safe recruitment and selection of staff was seen and confirmed the registered manager took a proactive and responsible attitude to the recruitment of the staff team. Staff files we looked at all followed the same chronology that would support effective audit and monitoring.

Appropriate checks had taken place prior to staff commencing their roles to ensure they had the skills and knowledge to ensure high quality care was maintained. These included proof of identity, application forms, interview questioning, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with guests who used the service. This meant guests were protected from the risks of unsafe recruitment practice.

## Is the service effective?

### Our findings

We received extremely high praise from guests and relatives about the knowledge, expertise, skills and caring approach from the staff. They said, "All of the staff are learning disability trained and they all know how to be with people, they are very supportive", "The staff all know what they are doing they are very well trained, are confident and experienced. They always go above and beyond it is outstanding." Others told us, "The staff are good I like coming here", "They look after us really well I absolutely love my carer [Staff]", "[Name] is going in this weekend they're very nice people they look after her and I don't have to worry", "The staff are great he's always relaxed when he comes home", "The staff are trained up to a high standard. He comes home happy that says it all. If he's poorly they know to contact me" and "The staff are well trained. They look after his health needs well they're brill."

Feedback in quality surveys was extremely positive about the standard of care people received. Comments included, "Thank you for all of the help and support you have given to both myself and [name] over the last four months I really appreciate it. I question where we would be now without your help."

Professionals provided excellent feedback about the staff skills and the experiences of guests during their staff. They said the home provided, "Excellent support. Management and staff always portray a positive attitude and always act in a professional manner", "Continue what you are doing as you provide a fantastic service" and "The service and standard of care provided is excellent." One professional told us, the "Staff are well trained and very well supported by a dedicated management team who are passionate about their work."

It was abundantly clear that the home had maintained the standards identified at the last inspection and the outstanding rating achieved.

The registered manager told us and records confirmed that all staff including casual bank staff undertook the same training as the regular contracted staff team. Staff discussed the varied and exceptional training they received to enable them to deliver the high quality care that the guests received. They said, "We are so well looked after. I am up to date with my training. It is enough to equip us to do the job", "I have regular training and spot checks on the job" and "We have people [guests] with complex needs. They [the home] link staff to people's interests. The training I have done had equipped me to do the job. They [the home] are really on it." We observed staff delivering very high quality care to people that supported their individual and complex needs. For example where one guest who was reluctant to engage in any activities we saw that the staff member clearly understood their needs and how to manage them safely adapting the support they provided during the day to support them safely.

There was an extensive training programme in place that supported and underpinned the excellent knowledge and skills of the staff team. This was enhanced with specialist training that supported the diverse needs of guests in the home. These included safe swallowing, intensive interaction, epilepsy, positive behaviour support breakaway techniques, stoma and catheter care, gastric feeding and administration, suction, nebuliser and tracheostomy support and sign along. The registered manager provided evidence of

their commitment to ensuring excellence in the delivery of care was maintained. They said they had undertaken specialised training with the British Institute of Learning Disabilities (BILD) to enable specialised learning disability training to be delivered to the staff team. BILD uses its skills, knowledge and experience to turn policy into practice, solve problems and improve support.

All of the staff told us they received very regular supervision and appraisals and that they were able to discuss areas for development, reviews of performance and delivery of care. They told us, "I have regular supervision every four to six weeks but any concerns [registered managers] door is always open." Records of supervision we looked at identified that the management were proactive in ensuring staff learning and development was regularly reviewed. Areas covered within the records included evaluation of previous supervisions and actions taken, training and development, health and well-being and summary of actions taken as a result of the supervision.

Where possible guests told us they had been involved in decisions about their care and staff sought their consent before undertaking any activity with them. They said, "I'm fully involved with all my care." A relative told us "I'm involved in his care assessments reviews. He doesn't talk they go by his non-verbal cues."

We observed staff were patient, thoughtful and optimised the communication skills of the guests. This ensured they were involved and agreed to the care delivered to them. For example we saw where one guest was asked a question by staff about their care delivery they understood the question and smiles and laughter demonstrated their consent to the task. It was clear staff understood how the guests were able to communicate what they wanted and how best to respond to them. Where guests were unable to make decisions for themselves relatives told us the home had been proactive and they were always consulted and agreed to their care. They said prior to any respite stay the home always called them to discuss their relatives care and any new requirements needed for them. Other comments included, "If there's any changes they ring me the day before", "They keep in contact with me they are good at letting me know what's going on", "They send me a note about what he's done. They are very thorough" and "Continually assessed because of his changing needs. Communication is good between the office and I."

Care files demonstrated a thorough approach that ensured guests or relevant relatives were involved in and agreed to the care delivered. Where guests required support with decisions from independent agencies we saw information relating to how to access advocacy services was available that ensured safe decisions were made. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them and defend and safeguard their rights.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff and the management demonstrated an exceptional understanding of the principles of the MCA and DoLS and how it related to protecting guests from unlawful restrictions. Training records identified the staff had undertaken comprehensive training that equipped them with the relevant knowledge and skills to protect guests from unlawful restrictions. Up to date and detailed policies and procedures for MCA and DoLS were available to all of the staff and provided them with clear guidance and legislation that supported them in decisions that protected guests from unlawful restrictions and optimised the care they received.

Care records confirmed detailed capacity assessments had been completed and reflected a holistic approach for each individual decision about the care requirements of guests. Where best interest's decisions were required these had been completed and confirmed any relevant professionals and family members had been involved. Efficient and robust systems to ensure appropriate DoLS applications had been submitted to assessing authority. The registered manager demonstrated a detailed oversight about all of the submitted applications as well as the monitoring of their progress.

Care records reflected guests individual health needs and how best to support these such as epilepsy, difficulty in swallowing and changes in mental health. It was very clear that professionals were regularly involved in ensuring guests remained in optimum health. Records of visits to hospital appointments as well as visits by professionals in the community were seen such as the dietician, Speech And Language Therapy (SALT), GP and consultant. Guests and relatives described the thorough assessment and their inclusion in the process to ensure an excellent delivery of care was maintained. They said, "I am fully involved with all my care. I had an assessment before I came" and "He had a full assessment I was involved I took him for tea before he went full time."

Feedback from professionals was extremely positive about the established links between them and the home. They said, "The communication is excellent and we have had some fantastic support from the manager and the support staff. They always keep me up to date on any issues relating to service users [guests] and if I require information on the support and needs of a service user I know I can ring them up" and "I frequently have members of my team approaching me to advise what positive work is being undertaken by the team at short breaks. The team also work very closely with any other agencies i.e. health; especially the community nurses to ensure that appropriate support plans are being adhered to and good communication is evident. The support provided by the team is excellent and as a team, we can have confidence referring service users [guests] and families to the service."

Guest and relatives were complimentary about the food on offer in the home. They said, "I like the food", "My favourite is lasagne we definitely get a good choice", "I have a menu I can choose from, I'm registered blind the carers tell me what's on it", "[Name] has no special dietary requirements [name] has a varied balanced diet" and "He has to have his food mashed/cut up. It's a varied diet."

The registered manager told us guests were offered a choice of menus at each meal time however they stressed to us the importance of providing a healthy balanced diet to guests. During our inspection most guests were out on activities, working or at day centres for the day. However where one guest remained in the home we saw staff constantly offering gentle encouragement for them to eat. It was clear from the interactions between them that the staff member had a detailed understanding and insight of their behaviours in relation to supporting their nutritional intake and how to manage these safely.

We saw some guests needed alternative ways to support their nutritional intake. These included nutrition via a PEG tube. Staff demonstrated their competence when managing the guest's individual needs with a PEG, monitoring food intakes via continuous feeding as well as during intermittent feeds. Where guests required the input of specialists teams to ensure their individual needs were met we saw these had been

involved such as dietician and SALT.

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of guests. Files had evidence that a comprehensive nutritional risk assessment had been completed that identified what support guests required. Where specialist nutritional support had been identified for example where there was a risk of choking, care plans and risk assessments had been developed. These were thorough and contained detailed guidance to support staff in providing safe care whilst minimising any risks. Records confirming intakes of food and fluid were detailed and comprehensive and where changes in intakes occurred these were easily identifiable for staff to respond to.

## Is the service caring?

### Our findings

We received excellent feedback about the care guests received in the home. Examples of some of the comments included, "The staff are caring kind and compassionate. They respect his privacy and dignity", "He's always happy when he comes home. I know they have a plan of when to ring an ambulance. They know his triggers. They are aware of his health needs", "Never found a staff who isn't friendly caring kind and compassionate", "They are caring kind and compassionate. It is person centred everything is done around [name] needs" and "It's a life line for us I don't know how it could be improved. It gives us time and him his own time."

Feedback in surveys undertaken by the home and thank you cards was excellent and further demonstrated the high quality care that was provided in the home. Comments included, "Once again an excellent service", "Got it right the chemistry is there", "I am very happy with what the staff do for me", "Lovely staff they provide good care and they respect people. I love it I wish I had a long stay", "Thank you for the lovely time this weekend. I love time with all the great staff, great friends I love it here" and "The staff have helped me to improve my independence and skills." Professionals in feedback praised the home highly about the care provided to guests. One person said, "Very person centred service. I love going. One of mine [guests] wants to live their permanently." A professional told us, "Communication is excellent and the focus is on delivering a person centred service and to enable this the manager and the staff team are incredibly flexible to ensure that the person's needs are met."

During our observations we saw staff were extremely passionate about their role in ensuring all of the care needs of guests were met to a very high standard. We saw the interactions between staff and guests demonstrated mutual respect, good humour, appropriate touch and an understanding of the specific communications needs of guests. This ensured the care they received was person centred and holistic. It was clear that guests were extremely comfortable in the company of staff and positive and meaningful relationships had been firmly established. We saw guests smiling, laughing and engaging in light-hearted chatter throughout the day. When asked if guests were happy at the home they gave us a thumbs up. It was clear all staff had in depth understandings of the care guests required and what strategies worked for them to reduce anxieties and promoted a calming environment for them. An example was where staff knew that one guest enjoyed staff clapping their hands with them. We saw this had a considerable positive impact on their behaviours; the guest was seen smiling and laughing thoroughly enjoying the interactions with staff.

Systems were in place that ensured all of the guests individual needs were discussed with staff and either guests or their relatives prior to their stay at the home and on leaving following their stay, this would ensure care planning reflected individual and current needs. The registered manager told us they worked collaboratively with all of the guests or family members who were contacted by telephone to discuss their current care needs, changes, deteriorations or concerns of guests. As a result of these conversations they told us that guests care planning would be evaluated to ensure the standard of care delivery continued to be excellent, current, person centred and holistic. A relative we spoke with confirmed this process took place and the positive impact that it had that ensured their relative received continuous, excellent care from the home. They said, "We regularly discuss [name] care needs, they [home] are in close contact with me. I get a

call to discuss any changes before [name] comes into the home."

Staff spoke very highly of their role and the impact this had on the care they provided. They said, "I love it. You have to be in it to care" and "The home is very people centred it is the top priority; they [guests] are so well looked after." The management at the home demonstrated their commitment to ensuring the care guests received was of the highest standard, individualised and centred on them. They said, "The care is individualised it's not a one size fits all."

Guests and relatives we spoke with confirmed dignity, privacy and respect was always at the forefront of the care delivered. They said, "They go above and beyond, they are always supportive in what they do and they are very caring. [Name] loves coming." Others said, "The staff are very caring and kind they definitely respect his privacy and dignity."

Staff clearly understood the importance of ensuring guests privacy and dignity was maintained at all times. They told us, "We always seek permission before we do anything and support people to maintain their dignity and respect" and "We look at guest's behaviours and body language. On the staff induction we cover dignity and respect when supporting guests needs. During probations for staff we undertake observations and make sure guests are being treated with dignity and respect. Staff always check the blinds are drawn in the bedrooms." Staff were heard speaking very respectfully and quietly to guests when discussing aspects of their care ensuring privacy for what was being discussed was maintained. We observed staff spoke to guests in a calm, respectful, unhurried and relaxed manner. We saw one guest who wanted time to make their decisions and communicate their choices supported by staff to undertake this. Guests were addressed by their preferred names and it was very clear staff and guests held each other in high regard.

The environment provided the optimum environment to promote and protect the dignity and privacy of guests. All bedrooms had locks on the doors which could be used to prevent people from entering during any personal care tasks. We saw personal care tasks were delivered in the privacy of their bedrooms or bathrooms. All bedrooms had access to ensuite facilities that enabled staff to deliver care without the possibility of intrusion. There was also a separate quiet lounge that was accessible to all of the guests during their stay to promote their privacy if they chose. The registered manager discussed one occasion where they had protected the dignity and privacy for one guest who displayed specific behaviours by providing privacy glass on one of the bedroom windows. During our observations we saw staff knocking on guest's doors and waiting to be invited in.

The management demonstrated its commitment to ensure all of the guest's individual and diverse needs were met. Care files had information that supported the knowledge of how guests communicated effectively for example, verbally, body language, touch or sign language. Reference about whether guests required aids to support their communication such as whether glasses were required or the use of sign language. This would ensure guests had a voice about their likes, needs, wishes and choices and staff would support them. Information in guest's care files relating to their religious needs had been identified that would support people's preferences in relation to attending a religious service of their choice if they so wished.

Staff demonstrated an insight about the importance of recognising guest's diverse needs. They said, "When I first came to the home I didn't understand about treating people as individuals. All people are different. Their choices and support preferences is on their support plans. Guest's religious requirements are always met." All staff received equality and cohesion training as well as guidance in up to date policies that supported the delivery of the individual diverse care guests received.

## Is the service responsive?

### Our findings

The feedback about the involvement of guests and family members in the development of the care files demonstrated the homes commitment to ensure all guests received exceptionally high quality, person centred, holistic care that met their individual needs, wishes and choices. People told us, "I'm involved with my reviews and care plan", "Reviews are once a year", "We come along always to reviews" and "We had written care plan assessment from social services about how many days I needed. [Name], myself and the PA (Support staff) were present."

Staff were able to discuss the importance of guests care files and how it influenced the excellence in the care they delivered. They said, "I always read care files. They are up to date if there are any changes we write them down and [team manager] will update the record" and "We work with guests on support plans. We also work with staff on how to support guests. We know them well as they have frequent visits. We have key workers for guest reviews of support plans. All staff are expected to review the support plans and then sign that they have read them."

Exceptional systems were in place that supported a positive stay for guests in the home. This was because relatives and the staff team told us that prior to any admission for respite care in the home all guests or their families were contacted to obtain up to date information about them. This included any changes in their care or needs so that the care delivered to guests would be up to date, relevant and individualised. This process ensured the guests needs and the support provided was excellent and individualised during their stay.

The PIR submitted to us prior to our inspection confirmed the excellent approach to care planning adopted by the home. It stated, "We have a clear and consistent care planning system in place which ensures the person's needs, aspirations and goals are met. We consult and liaise with people using the service, parent, carers in formulating and reviewing the care plan and risk assessments, which enable staff to give support whilst encouraging the person to maintain, develop their skills, independence and make choices."

The care files we looked at demonstrated the excellent system that was in place to ensure care records were individualised and reflected the guest's current needs. There was detailed and important information that supported the staff to meet the individual needs of guests during their stay at the service as well as how they wished to be supported. Personal information such as guests name, date of birth, next of kin, allergies and GP details were seen along with guest's likes, dislikes, needs, wishes and choices in a one page profile and how staff would support these. Care files had evidence that a comprehensive assessment of needs had taken place and these were reviewed regularly. This provided essential information about guest's medical history, medication requirements, personal care, routines and social care.

All guests had a person centred care plan in place. Care records provided excellent, clear comprehensive and detailed information on guest individual needs and how staff could support them to deliver excellence. Topics covered included, what makes a good and bad day, my circle of support, how best to support me, what to avoid, communication requirements, personal care, finances, routines and hobbies. Risk

assessments were comprehensive and details included a detailed background history for guests, any potential risks or hazards and the measures for staff to take to protect guests from any unnecessary risk. Topics covered included the bathroom, kitchens and accessing the community. There was evidence of regular, detailed and comprehensive reviews taking place that confirmed records were up to date and reflected guest's current needs. It was clear that guests and their family members had been involved and made decisions in the development and reviews of guests care files and how they would support their individual needs.

Separate daily diary records had been completed regularly that reflected the care and support provided by the staff team. Topics recorded included activities, meals and fluids, behaviours and the care delivered to guests. There was also a document named 'overview of stay' that had comprehensive records about the care and experiences of guests during their stay at the home and the impact that this had had on them. This would ensure staff responded appropriately to any changes or deterioration in guest's condition ensuring appropriate referrals or reviews of their care took place.

There was evidence of excellent working relationships that had been established between the home and professionals involved in supporting and promoting health outcomes for guests. Evidence of letters from professionals such as consultants, SALT and dietician that guided and supported any changes in the delivery of care or any requirements for specialist input were seen along with details relating to hospital or clinic appointments. This would ensure the home was proactive in maintaining the optimum health for guests.

There was an exceptional activities programme in place for all guests during their stay at the home that supported and fulfilled and meaningful day. The registered manager told us all guests had access to the homes disability transport to support them to undertake activities of their choice outside of the home. The registered manager told us guests undertook a number of activities outside of the home. These included day trips, meals out and attending places of work. They told us appropriate staffing numbers were allocated to activities that ensured guests remained safe and supported whilst they were out. We saw guests leaving for the day to undertake activities of their choice with the required staff support to keep them safe. For example one guest was seen supported to their place of work for the day with a staff member and another guest went out to a day centre supported by staff.

Guests and relatives told us about the excellent activities they were able to access during their stay at the home. They said, "They take him out in the community", "She has friends there. She has a better social life than me. They've never cancelled on me. They send sheets home with her daily activities on", "They have a better social life than we do, and they get to go out and about plenty. He loves going", "I take my laptop. The staff take me out and about it's the bowling team tonight. Sometimes I go to the day centre" and "I am going to [place] today. The staff come with me."

Staff and the management were passionate about ensuring all guests had access to activities tailored to their needs during their stay. Staff clearly knew how to promote activities tailored around guest's needs and likes and ensured they were supported to enjoy a meaningful day in the home. Throughout the day we observed guests engaging in a variety of activities. One example of this was one person took part in a pictures game on a hand held electrical device. It was clear this was an activity they regularly took part in and from the chatting, smiles and laughter it was apparent they thoroughly enjoyed this activity with the staff member. We spoke with another guest who told us about their involvement in the development of the landscaped garden and fish pond and how much they had enjoyed this activity. The registered manager said that they were aware of the guests passion for fish and supported them to take part and feel involved in the development of the fish pond.

We also saw guests had access to excellent sensory activities in the home. There was a purpose built sensory room which had outstanding facilities for guests to access that promoted a positive fulfilled experience for them. We saw a range of equipment available to guests. These included, bubble tubes, soft safe flooring and walls, large bean bags, a disco ball, a light projector, CD player, and fibre optic lighting. There was a tracking hoist system that supported all guests regardless of their mobility to enable them to make use and enjoy the facilities on offer. We observed one person thoroughly enjoying the activities the sensory room offered during our inspection. It was clear from the laughter and smiles that there was an activity they regularly undertook and enjoyed. When we asked if they enjoyed the activity they responded with laughter and smiles.

The registered manager also discussed how the staff supported one guest's emotional needs very effectively whilst using the Jacuzzi bath. They said that when this person was displaying challenging behaviours staff supported them into the bath and used the mood lighting which quickly had a positive impact on them. This promoted a positive and enriching life experience for guests.

There was an abundance of complimentary feedback in survey's, compliments sheets and thank you cards about the home. Comments included "Staff helped me to improve my independence and skills making my own drinks, with bathing and medication", "I am very happy with what the staff do for me", "Any problems I know that I can pick up the phone and my concern will be addressed", "Keep up the good work", and "Thank you for looking after me." A professional said, "There are frequent compliments from both families and other professionals about the service and I have had occasion to provide written compliments to the team manager as a result of outstanding practice. A most positive service that we are fortunate to have in the local area."

There was an exceptional system in place that dealt with comments, compliments and complaints. A range of feedback forms had been developed to support all people completing them regardless of their communication or abilities. Pictorial symbols were present on feedback forms that supported guests with alternative ways to record their views about the service. All of the guests and relatives we spoke with were aware of the process if they had any complaints or concerns. They said, "I would be the first to complain. If I was worried about anything I could go to [registered manager]", "[Registered manager] he's approachable and easy to talk to", "Any problems I can ring the (Registered) manager he's on the ball", "I have no complaints, I can't fault it at all I can talk to the manager if I'm worried about anything" and "If I have got a problem I tell the manager he's totally approachable."

Staff understood their responsibilities in relation to dealing with any concerns. They said, "It is really important to get feedback We want to know how to make things better. We make sure everything is alright."

There was an effective system in place that demonstrated any complaints had been taken seriously, investigated and actions taken as a response to the complaint. We saw complaints received by the home had been dealt with in a timely and effective manner. One example seen was where one guest had raised a concern about creams which had been investigated and acted upon appropriately. This would ensure lessons learned would be identified to reduce the risk of any future concerns. There was a comprehensive and up to date complaints procedure in place that guided staff and visitors to the home on the process to ensure complaints and concerns were dealt with effectively.

## Is the service well-led?

### Our findings

The feedback about the leadership and management of the home was excellent. All guests, relatives and professionals were complimentary about the registered manager and how the service was run. They told us, "I'd phone the manager no problem", "[Registered manager] he is a nutter I like him", "I know I am able to call and I am confident to do so", "The manager has strong leadership skills and this in turn leads to a well-motivated staff team who are happy in their work", "[Registered manager] is brilliant. He is very approachable professional, any problems he is very helpful. I can't fault him at all he is very supportive" and "The management and staff always portray a positive attitude and always act in a professional manner."

Staff spoke very highly about the leadership and management in the home. Comments included, "[Registered manager] is very very fair he is good with the staff. [Team manager] is very good. They are really supportive I can go to him [Registered manager] with anything", "[Registered manager] is really good. If I have an issue he will sort things out. I can't fault him he is hands on with anything and will offer help" and "[Registered manager] is so fantastic he is an absolute icon. He knows his stuff and has a brilliant understanding of his job. I have learnt more from him and his approach. He is fun but fair, I love coming into work. Nothing challenges him. He is always 'how can we do it' there is always a solution."

The service was led by a manager who is registered with the Care Quality Commission. It was evident during our inspection that guests were comfortable and relaxed in the company of the registered manager and excellent positive meaningful relationships had been developed between them. There was an obvious passion from the registered manager about ensuring the best possible care was provided to guests. The registered manager clearly understood the operation and oversight of the home which included its strengths as well as any areas to move the service forward. The registered manager was visible throughout our inspection and they had an open door policy which supported guests and staff to speak with him at any time.

Relevant documentation to confirm the home was appropriately registered with the Care Quality Commission was on display in the public areas of the home such as their registration certificate and their last inspections rating as well as relevant certificates such as employer's liability. There were records that demonstrated the homes commitment to ensuring they met their legal requirements by submitting statutory notifications to the Care Quality Commission without delay.

Leaflets and information had been displayed in the entrance to the home to provide information for staff, guests and visitors. These included mental capacity, Alzheimer's and dementia advice.

There was an excellent system in place to seek the views of guests, relatives and professionals about the views of the service they provided. Guests and relatives told us, "I get questionnaires, I don't know where it could improve", "I get questionnaires in the post twice a year", "I get questionnaires every 12 months" and "I get questionnaires once a year." We saw excellent feedback had been received. The results from the questionnaire's had been displayed in the hallway of the home and demonstrated their approach of openness and transparency. We saw the home had developed a 'you said we did' approach to feedback

which included easy read picture formats. For example the home had installed WI-FI as a result of suggestions to enable guests to access the internet.

There was evidence of a comprehensive programme of regular team meetings taking place. All staff we spoke with confirmed team meetings were taking place and that they were able to bring their views to the meeting. Minutes from team meetings were seen and included dates and times as well as attendees. Topics covered included fire updates, infection control, one to one support, staffing, medications, equipment, meals, night times and training. Notes on the actions to take as a result of the meetings were seen as well as staff signatures that confirmed staff had read the minutes following the meeting. The registered manager told us there was no formal meetings with guests due to the short term placements offered however he said that feedback was always obtained from guests or family members during each stay at the home. The PIR also stated the home was developing plans to, "Introduce weekly forums so that all people in residence on each Sunday evening are given the opportunity to discuss their stay with us."

Systems to ensure the home was safe and monitored to provide a high quality service to guests were in place. the registered manager told us and records confirmed that there was a comprehensive and regular programme of audit and monitoring taking place that ensure the standards in the home were maintained and improved on. These included medication, infection control, environment, equipment and care plans. Where actions were required these were recorded to ensure recommendations were acted on appropriately. This ensured the quality of the service remained high quality.