

Huntercombe (Granby One) Limited

The Huntercombe Centre - Sherwood

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

The Huntercombe Centre Sherwood provides short-term rehabilitation and residential care for men and women with a learning disability or mental health condition. The service specialises in providing supportive, therapeutic care. The service provides a 24-hour nursing team to support people with a range of physical conditions. The service's aim is to equip people with the skills needed to enable them to move into a more independent environment.

The service has 18 beds, 14 in the main building and four individual flats on the site but housed in a separate building. The service is located near to Nottingham city centre and is close to a variety of local amenities and public transport links

The service was providing care and support to 13 males aged 18 and over at the time of the inspection, with one person currently off-site as an in-patient at hospital.

People's experience of using this service:

The service met the characteristics of outstanding.

People received exceptionally kind and responsive person-centred support from staff who were motivated and led to provide the best care they could. People's independence and dignity were cornerstones of staff practice, staff understood how to support and enable individuals to maximise their potential. People were encouraged to meet goals and regain independence when possible.

Staff supported people to make decisions for themselves and frequently engaged with people about their wishes and preferences.

People were able to live healthy lives, staff took a proactive approach in helping people improve their health to the extent that people regained lost independence. People felt they were partners in their care and encouraged to make decisions about this. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. Staff understood how to make people feel valued and people told us this improved their lives and made them happy. The registered manager had created excellent community links that benefitted people. They had a strong focus on reducing isolation, loneliness and promoting connection. Activities were creative and diverse to meet different people's interests and needs.

The service was led by a registered manager and management team that were committed to delivering a service which improved the lives of the people using the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. The leadership team encouraged and facilitated staff to go the extra mile in delivering tailored care that made people feel individual. Innovation, creativity and sharing ideas and best practice were common place, staff were regularly involved in local initiatives to enable the best care and support.

Rating at last inspection:

The service was last inspected on 21 November 2016 and was rated Good.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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 any concerning information is received, we may inspect sooner.

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

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	Good ●
Is the service effective? The service was Effective	Good ●
Is the service caring? The service was exceptionally Caring	Outstanding ☆
Is the service responsive? The service was Responsive	Good ●
Is the service well-led? The service was exceptionally Well-Led	Outstanding ☆

The Huntercombe Centre - Sherwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one Inspector, a Specialist Advisor (Nurse with experience of working in mental health services) and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Huntercombe Centre Sherwood is a residential home with nursing.

People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider notified us about, such as serious injuries and abuse. We sought feedback from the

local authority, Healthwatch and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with six people who used the service and two relatives of people who use the service who were visiting on the day. We called one relative of a person who used the service after the inspection. We spoke with nine members of staff including the Registered Manager, Deputy Manager, two nurses, a senior carer, cook, the administrator, the activities co-ordinator and a member of domestic staff.

We reviewed a range of records. This included six people's care plans and medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the service and a broad range of policies, audits and procedures which had been developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear on their responsibilities in ensuring people were kept safe from the potential risk of abuse. A staff member said, "We need to protect people from any danger to themselves and others, and different types of abuse. I'd let my manager or deputy know right away."
- At the time of our inspection there was one current safeguarding incident being investigated at the home which we discussed with the registered manager. Any previous incidents had been reported and investigated in a timely manner, with other appropriate agencies informed.
- Staff were aware of and knew how to use the provider whistle-blow policy if they felt that they needed to raise any concerns.

Assessing risk, safety monitoring and management

- People using the service had a history of presenting with behaviours that could be considered challenging. Robust person-centred behaviour plans described potential behaviours people may display, any antecedents and triggers and guided staff as to how to respond in the most effective way.
- A relative told us of one person, "Incidents of behaviours that challenge have reduced, and [Names] mood has really improved. I am very happy with the care provision here."
- Each person had individualised risk assessments in their care plan, relevant to any particular risks they may need support with. These were regularly reviewed by the staff team, reporting on improvements in people's behaviours. One relative expressed, and records showed that one person's addictive behaviours had decreased significantly following successful support from the staff and access to a specialist service.
- Potential risks were anticipated both within the service, and outside in the community. People were monitored and supported on a daily basis to ensure that any changes in behaviour were responded to, and that staff accommodated any potentially heightened behaviour in a safe and caring manner.
- People living in the service had signed a 'community agreement' which we saw evidence of in their care plans. This was a code of conduct that set out how people were expected to behave in and around the service towards each other; and in relation to not using illicit substances or alcohol on site. We spoke with people about this arrangement, and they took great pride in feeling like part of a supportive community.
- Potential environmental risks, such as fire hazards and personal safety were acted upon. On the inspection we saw that people's personal emergency evacuation plans (PEEPs) were in place, detailing specific personalised ways in which people required support to leave the home safely.
- We saw that people had specific personalised plans in relation to their safety and support needs when out in the community. People had easy read guides available to support them to stay safe. Any triggers for anxiety or stress had been identified, and people had guidance about familiar bus routes, contact numbers and places of safety that they could go to if they became lost or anxious when out in the community.

Staffing and recruitment

- Staffing levels were set according to people's dependency needs to ensure that people were supported safely. On the day of our inspection we observed that people were supported by the right amount of staff, as reflected in their risk assessments.
- Recruitment processes were safe in ensuring staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity. All staff had an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received their medicines at times that they needed them and in a safe way. Medicines were stored securely in a temperature-controlled environment. Stock balance checks were taken daily to ensure medicine quantities were accurate.
- Medicines administration records (MAR) included a photograph of the person, demographic and healthcare professional details. All the MAR we viewed were up to date and accurately completed.
- Where people received PRN (as required) medicines, detailed protocols were in place to ensure that staff were clear on when these medicines should be administered.
- Safe and effective processes have been used previously and evidence was seen of the appropriate storage and management of controlled drugs. Although none were currently being given at the time of inspection.
- We found that staff were trained in the safe handling and administration of medications, and that competency checks were completed regularly by the manager to ensure this was maintained.

Preventing and controlling infection

- We observed the premises to be clean and well maintained on the day of our inspection. Peoples rooms were well-kept, and people were encouraged to clean their individual living spaces.
- Staff had access to personal protective equipment, such as gloves and aprons for carrying out any appropriate personal care or nursing tasks. We found all bathroom areas had access to soap, paper towels and hand gel.

Learning lessons when things go wrong

- Incidents and accidents were promptly recorded and investigated to ensure that remedial actions were taken, and any learning identified and shared with staff.
- Where people had been subject to an accident, body maps were completed to highlight any injuries, with appropriate advice sought from healthcare professionals.
- Incident records clearly detailed the statutory organisations and people that were notified of the incident and any action that was taken to prevent reoccurrence.

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

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 of people's needs were holistic and comprehensive. The key aim for the majority of people living at the service is to ensure people are moving on in a timely manner and that there is a clear structure to enable recovery and rehabilitation. The staff team often discussed current guidance from The National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. This ensured the service was using evidence-based techniques to support the delivery of high-quality care and support. Care plans were developed and regularly reviewed for each identified need people had and staff had clear guidance on how to meet those needs.
- We found that one person living in the home had been unable to find a suitable placement in the community on two previous occasions, due to a complex medical condition they had been diagnosed with. The registered manager and staff team had sought further training in this specific condition, in order for them to accommodate and support this person. We saw evidence in this person's care plan that they were well managed for their condition. This person told us, "The staff make it feel safe, they're always there for me. Not seeing any strangers around helps me. Knowing it's the same staff, I've lived in other places where I didn't feel safe, but I feel protected from that here; also knowing if I had a problem I could tell staff and it would be dealt with, that helps make me feel safe." We spoke with this person's relative, and they told us, "I have peace of mind now with [Name] being here. They keep the place lovely, and they are always thinking of the residents."
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

Staff support: induction, training, skills and experience

- We saw evidence that the registered manager and deputy had created a passion for learning and development amongst the staff. Staff received training that equipped them with the skills and knowledge they needed to support people and the conditions they lived with to the highest standards of person centred and effective care. For example, staff had completed specialist experiential training in the sensory impacts for people living with specific mental health conditions. They had also completed practical training where they had experienced the negative effects of poor-quality care, such as being rushed, or treated without dignity or respect. Staff told us the experience helped them improve their practice and approach.
- Staff felt well trained and confident they had the skills needed to fulfil their role and were regularly assessed to ensure their competency. One staff member told us, "We get plenty of training, both face to face and on line. If we need to learn anything about a condition, for example dysphasia, epilepsy or specific conditions, then we get extra training." The registered manager had sourced information packs from relevant accredited organisations; for staff to use in increasing their knowledge of and recognising signs of illnesses that posed a higher risk to some of the people in the home, such as sepsis or diabetes related

illnesses. We found staff to have a clear understanding of each person living at the service, in relation to their specific health needs. Another staff member told us, "Me personally, I'm always up for a challenge. As long as everyone is safe, feels happy and is making progress then I'm satisfied working here. The mental health field is my passion, it's where my future lies. The company have actually just agreed to fund me taking my mental health nursing degree at university which I'll be starting this September so that is going to help me achieve a lot more."

- People and their relatives told us staff were well trained and competent. One relative said, "The staff are incredibly well trained. My relative is very well supported."

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

- We found that the service had a culture and vision to improve people's health and wellbeing through the provision of exceptional nutrition and hydration for people as part of their care provision. The cook told us, "We care and support people through food here, for too long care home cooks have been on the outside of things, it's not just a case of dishing up food. We can help to improve people's health here by ensuring they get the right diets. I think we actually make people better from ill health because of this." We saw that people were consulted so their food preferences could be met, ensuring that dietary requirements for diabetic diets and low-calorie diets were considered.

- The cook and registered manager were proactive at designing a system for people to access food and drink that met their needs regardless of physical need or cognitive abilities. The cook told us of their work at improving people's nutritional intake to maintain a weight that was healthy for people using the service. People were engaged in cooking their own meals with the cook, and accessed the kitchen at agreed times, to cook meals that they liked to eat. This was seen as supporting people's skills and promoting independence.

- We saw records that showed people's weights (along with blood pressure, and other clinical observations) were recorded weekly, at a 'well man clinic' run by the nurses. These clinics gave a good indication of the overall health of people using the service; and was an area of outstanding practice.

- People told us they enjoyed the freshly prepared food. One person said, "I really like the food here, spaghetti Bolognese is my favourite." Another person we spoke to told us, "It's nice food, always a lot to choose from, it tastes nice and fills you up, and you can have it when you're ready for it. If you don't like something tell the cook and she listens to you."

- We observed during the lunchtime experience that staff were perceptive and creative in ensuring people could have what they wanted to eat particularly where people were living with complex conditions. For example, one person did not want the meal they had previously ordered but were confused about what they would like. A staff member sensed this and sat down with the person. They talked about favourite foods in general and what the person would choose if they could have anything they wanted. The person said they would, "Quite like a ham sandwich." Staff told them this would be no trouble. The actions of the staff member prevented this person from missing a meal. When we spoke with staff, they told us this person was being actively supported to sustain a healthier weight. Staff were aware that this person often needed more encouragement and support with eating. We saw that staff were sensitive and calm in their approach, which made the person feel reassured by this.

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

- People were able to lead healthier lives and enhance their wellbeing because the registered manager and staff were dedicated and proactive in supporting them to do this. The registered manager embraced the view that people should be provided with access to information for them to promote their own wellbeing, and for staff to support this where people were unable to, due to the impact of a health condition. Information on this was provided to people through discussion, review or easy read information boards displayed throughout the home.

- People's health care needs were met by the excellent partnerships established with health and social care professionals. If people needed emergency healthcare staff acted quickly to arrange this. One person told us, "I was very unwell one morning and they had me taken straight to hospital."
- Staff were attentive to people's health needs, they identified when people were unwell and arranged for people to access a range of healthcare professionals including GPs, dentists, opticians, dieticians and mental health team specialists when they needed them. We spoke with a visiting family member who told us they received regular updates in relation to their relative and were informed immediately if there were any concerns about their condition.
- As well as a monthly clinical governance meeting, the registered manager had implemented weekly residents' meetings, where people could raise any concerns. We saw evidence that these meetings were well attended, and this gave staff chance to assess any concerns or decline in people's emotional welfare.

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

- The home was bright, clean and decorated to a very high standard. The registered manager had motivational quotes and posters displayed around the home in each room, which showed a real level of personalisation.
- People's rooms were personalised with their belongings and painted in the colour of their choosing. For example, one person showed us their newly painted room, which had been decorated brightly in colours they had chosen and was covered in framed pictures of their favourite pop star with new curtains in the material of their favourite football team. They were excited about their new flooring being laid soon to complete the look of the whole room.
- Two people lived in their own flats on the premises. One person told us, "I've got my own flat it's coming on nicely, still got to get a few things, but the staff are helping me, so it shouldn't take too much longer it feels more and more like home every day."
- The service benefitted from a spacious dining room and two lounge areas. This meant people did not have to convene in very large groups for socialisation if they did not wish to. There was an extensive accessible garden space, with patios, seating areas, a gazebo smoking area and pretty raised beds of flowers. The home had a resident rabbit called 'Maddie', along with an indoor aquarium containing fish. One person living at the home had been given responsibility as a 'Champion' for animal welfare. This person spoke proudly of the tasks they carried out each day looking after the rabbit, and how important this was to them.
- Signage and information display's around the whole home were in 'easy read format' which helped people access information easily.

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

- Access to other healthcare professionals was prompt and efficient to ensure that people's needs were met, in ways that acknowledged the impact this could have on people. For example, where one person had a phobia of needles the staff had worked extensively to ensure the person became comfortable enough to undergo this procedure with the staff present, rather than the family needing to be contacted to chaperone the person to the surgery on each occasion. This resulted in the person successfully undergoing the procedure in a calm manner with the staff present, thereby reducing the impact on the family to attend appointments with the person.
- We spoke with one member of staff, who had just returned from a day out with some people living at the service from one of the two allotments that the home has, they said, "We've been to the allotments today; we have two for the service, one in St Ann's and one in Aspley. It keeps people occupied and doing meaningful tasks. People really enjoy being outdoors, growing things, it can also help with depression. I have seen people's mood really lift when we are out there."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans. We saw that people had been supported to make choices with appropriate involvement from appropriate health and social care teams. Where restrictions were in place, there were easy read plans for people in their care records, so people could understand these.
- The registered manager had ensured that applications to the local authority for DoLS were applied for in a timely manner.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- At the core of Huntercombe Sherwood was a very strong and tangible ethos of providing person centred care. We observed staff to be exceptionally kind, caring and thoughtful. One staff member told us, "We all try to be happy and cheerful at work, even though it can be challenging at times." We saw that one of the managers values statements was displayed in the front entrance, which stated; THINK, before you speak; Is it True? Is it Helpful? Is it Inspiring? Is it Necessary? Is it Kind? This directed staff and people using the service to be kind caring and compassionate. Staff we spoke with referred us to these values, telling us this was something they strived to achieve every day.

- When we discussed this ethos with the registered manager and deputy they spoke passionately of the service being, 'Run by the residents, we feel we merely work in our resident's home, they don't live in our workplace'.

- Staff, including the registered manager saw people's relatives and friends as partners and influencers of the care that was provided. People and their relatives and friends told us they felt the service embraced them and the contribution they could make. People consistently told us staff were 'helpful', 'kind', 'caring' and 'friendly'.

- One person said, "The staff here are lovely, can't help you enough, if there's anything you need or if you have a problem they do everything to help. This place feels like home to me." Another person said, "I have real respect for the staff team here, they are amazing people."

A relative we spoke with told us, "The staff are amazing people, they know the residents inside out. The quality of care they give is second to none"

- Relatives were enthusiastic and extremely positive about the ways in which the service supported their family members. A relative said of their family member, "[Name] has blossomed here, it is the best we have ever seen [Name]. There has been a complex history of previous placements for [Name]. As a family we have seen a real positive progression." The registered manager had worked successfully to ensure that the person's needs had been fully understood and accommodated. This had resulted in a substantial decrease in their behaviours that could be considered challenging.

- We saw that staff were exceptionally patient with people, particularly with those living with behaviours that may challenge. We saw that one person was quite anxious on returning from a trip into the local town and was finding it difficult to calm down. The staff member quietly spoke with the person to ascertain what their concerns were, and the situation was subsequently alleviated. We saw that the person responded by looking at them with a broad smile.

- We observed staff practice being exceptionally person centred and very responsive to individual needs. Staff demonstrated how their training influenced the way they provided care and support. For example, one person called out to staff very frequently and staff responded every time with, "Hi [person's name], are you

ok?" or, "How are you?", in an upbeat friendly voice, as though this was the first time they had called out. We saw that this reduced this person's levels of anxiety and helped them to feel calm and reassured by the interactions with staff.

- Staff were motivated by the senior team to go the extra mile to make every day special for people; and were regularly asked to stop and think about how they had made a positive impact on a person's life that day. We saw evidence of this recorded in the daily records in people's care plans. The registered manager had implemented a programme called 'Sherwood Shooting Stars' where people's achievements were presented on a communal display board in the lounge area. This complemented the providers national awards programme, 'Huntercombe Hero's', which recognises excellence and achievement amongst staff and people using the services. The registered manager told us this was to capture and recognise achievement and progress and inspire others to do the same.
- Staff had detailed in depth knowledge of people's personal histories, backgrounds, wishes and preferences. This was also reflected in people's care plans and records. Care plans clearly identified where people had a preference of staff gender when providing them with support for example. Staff knew people's preferred names and titles and ensured that these were used.
- Staff engaged with people positively and in an upbeat manner. At meal times, staff were positive and encouraging about what was to be served. We saw lively conversations taking place during the lunchtime experience, with those people who wished to have a quieter meal experience having their meals in their room or the small lounge.

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

- People's care plans reflected their voice and views on the care they received. On the day of inspection, we could see that people received support with day to day tasks at times that they preferred. These preferences were mirrored in people's day to day activity planners which included each element of a person's day. Staff listened to people's needs and supported them to make decisions in ways that suited them. For example, records reflected that one person required specific periods of quiet, calm time to help them comprehend the routine of their day.

We observed staff supporting the person with this in order to decide how their day would run, relatives also confirmed to us that staff supported the person with this daily task.

- Staff were able to support people with transitions for people moving into independent community settings, making sure anxieties were reduced for less challenging behaviours. The registered manager told us, "It's a really positive, supportive culture, there's lots of input into care plans and risk assessments. We do a transition plan for individuals, [Name] was using alcohol daily but we put in realistic boundaries and accessed alcohol support services. Effective transition plans gave people the skills to move forward."
- People felt very involved in the planning and delivering of their care and support. They said that managers and staff regularly talked with them about this to gain their views and ensure their satisfaction. People were encouraged to make decisions where ever they could. One person told us, "The staff are brilliant, they come and talk to me, and I feel like they are my friends."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us their work to promote dignity for people receiving health and social care extended to the local community. They saw this as a collective responsibility to advocate that people living at the home had a right to be an active and respected part of the community. For example, the manager had ensured that the home was involved in the local community residential meeting. This enabled meaningful connection for people living in the home with the local community and to foster positive relationships, between the home and what is primarily a residential area. We saw the minutes from these meetings during the inspection. The manager told us of the positive relationships they had also built between the local Community Policing Team and how important this had been to reduce anxiety for people living in the

service.

- Staff were proactive and patient in supporting people to maintain their independence. Huntercombe Sherwood provides short term rehabilitative care to some people and staff could clearly explain to us the importance of achieving this outcome for people. Staff were enthusiastic and encouraging when supporting people to help themselves. Staff also understood and advocated the importance of promoting people's independence who lived in the service for the longer term. The registered manager regularly reviewed the deployment of staff to ensure that people had staff when they needed them, and for enough time so staff could promote their independence. People told us their care and support was never rushed and did not feel pressured to hurry. Staff told us they used the term 'assist' when referring to the support provided because this promoted an ethos of starting any support with the view people could always participate in their care.
- One person told us, "The staff are great they help me to feel more independent, they come with me to help me get out and about [Name] and [Name] are my favourites I play pool with them a lot and they can make me laugh. We have a really good giggle they always speak to me respectfully."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans were exceptionally person centred and individualised, each area covered different areas in a person's life to support their overall well-being. Each plan contained a chapter relating to 'my mental health', 'my physical health and self-care', 'my living skills', 'my relationships and social networks', 'work and activities', 'identity and self-esteem' and 'risk and my behaviour'. We saw that these were reviewed regularly with the person and their family, advocates and any health professionals involved in their care. Each person had their own activity and support planner, that recognised and effectively responded to people's needs and choices

- Each care and support plan contained a highly personalised, realistic plan of what people would like to achieve. With details of their wishes and dreams for life clearly documented and discussed. We saw that some people who had previously lived 'chaotic' lifestyles prior to moving to the home had structured daily plans in place. When we spoke with one person they told us, "I like being here, it is like being part of a family. I feel confident now."

- The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. We saw that people were encouraged to be active participants in the local community and to enjoy fulfilling lives, which focussed on positive outcomes which had been tailored to people's individual skills and qualities. For example, one person told us, "Later this month we're going off to Skegness, we're going to enjoy that we always do. Last year I went to Old Trafford the Man United home ground for the tour, the staff came with me. We're going again this year in the summer. The year before I went to the Elvis exhibition in London, I saw all his suits; the blue one and the white one with the blue stones on it."

- Another person told us, "I play pool and snooker, four of us go to the snooker hall once or twice a week. I also like swimming and the summer is coming so I want to go swimming, the staff are going to take me."

- People told us that staff supported them to access the local community, for example accompanying them to the local shops to make a purchase if they wanted support. The home's activity notice board had many upcoming events advertised such as day trips out, local events and a visit to the home by a therapy dog. We saw that one person living at the service was playing the guitar regularly in the lounge, in an informal 'jam session' to entertain the rest of the people living there. Information was displayed in alternative formats so that all people could read them, for example the menu board for each day was also displayed using pictures.

- Throughout the service we saw ample evidence of the wide range of activities that people had participated in. People had been supported to vote in the recent election, we saw evidence of this in their individual care plans. The manager had worked hard to ensure that people would be able to learn and develop understanding around having their voice heard, and to make informed choices about who and what they were voting for. We saw that the staff team had invested time and support to ensure people were enabled to enact their democratic rights.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible to people, with visual guidance on how to raise any concerns displayed in reception, and at various locations around the home.
- There were 'talking information buttons' around the home, which provided pre-recorded information in the registered manager's voice. These gave the mission statement for Huntercombe Sherwood, contact details for CQC, and Adult Safeguarding team contact numbers along with other important information.
- There was a robust complaints policy and procedure in a format suitable for people to read and understand. This was given to people and relatives as part of a service user guide.
- People who used the service and relatives told us they felt able to raise any concerns with the manager or staff and felt assured they would be dealt with.
- One relative told us, "Staff inform you if there are any concerns. Though it is very rare, they always seem to be able to deal with anything."

End of life care and support

- People were supported and involved in making decisions and plans about their preferences for end of life care. Although nobody living at the service was receiving end of life care at the time of our inspection.
- People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life and these had been discussed with them before they had started using the service.
- These had been developed into exceptionally detailed and meaningful care plans, which included people's personal preferences. These included details about people's faith (or wish for a humanitarian service), clothing, music, poems and the people they wished to be involved and/or informed about their death and if they wished to remain in the home or go into hospital.
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken additional training in providing palliative care. The service had access to a supportive community palliative team, should this be required. We saw a thank you card from a relative of a person who had received end of life care in the service previously which said, 'Thank you! From the bottom of my heart, can't really say it enough, you've been absolutely brilliant in your consideration for [Name], ensuring that their last wishes were fulfilled.'

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was led by a strongly motivated, candid and committed registered manager and deputy, supported by a team that strived to deliver the best person-centred care they could. The manager's vision and values of continuous improvement were clear for staff and people to see and feel. These were delivered by the commitment of the whole team and the results seen by people receiving their support.
- Relatives told us of the positive impact the manager had, telling us, "She's [manager] outstanding, in my previous role, I would have been happy to have had her in charge of one of my homes."
- The leadership in the service was very forward thinking and proactive in their approach to people's health and wellbeing. We saw many exceptionally effective interventions that had resulted in significant and positive outcomes for people. We saw from the business development plan, and from people's care plans that there were 'positive behaviour support strategies' in place, with staff specifically trained in this area. One person told us, "I was living on the streets before. I was a really bad person, they have really pulled me round here, I don't ever want to let them down, they have transformed me."

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

- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were provided to the registered manager and reviewed with the provider's regional manager. We saw that actions were taken in a timely way. The registered manager fully understood their regulatory responsibilities and duty of candour. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were robust systems in place to notify CQC of incidents at the home.
- The whole staff team had in depth practical knowledge in meeting the needs of people living in the home, but continued to look for, and achieve further improvements in their knowledge and skill sets. The registered manager's expected standards were exceptionally high, and staff were committed in achieving these. Staff took great pride and were passionate in providing care, support and meaningful activity to provide a high standard of life quality for people. The registered manager was motivated to innovate and use new ideas and initiatives to maintain excellent care for people. People were encouraged to work alongside the maintenance team, housekeeping and cook to acquire skills in cooking, housekeeping and maintenance tasks. Which supported an increase in life experience and provided meaningful activity and occupation, whilst promoting independence.

- The registered manager and staff sought new training on subjects that related to people who lived in the home, or subjects that the staff felt would enable them to provide a higher level of care, for example; Life Star training, Autism awareness and oral health.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers as well as staff attended. Surveys were sent out regularly to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. One relative told us, "The home shows an amazing level of practice, with great equality towards people." Another relative told us that the service administrator had been supporting people living at the service with managing their personal budgets, by giving personalised support sessions to people who needed assistance with this.
- We saw that each person using the service had been encouraged to become a 'Champion' for a particular focus area, in the same way that staff had responsibility for key areas. For example, we saw that one person was responsible for representing people using the service at the weekly home meetings in relation to health and safety, and another had responsibility for activities. We discussed this with these people, and they told us this was really important to them, and that they felt that their views were always actively listened to and acted upon by the registered manager. One person told us, "They are respectful, and they do care, if I have a problem they always have a solution which suits me. I say that with confidence."
- The registered manager showed us that they had implemented a 'Pay it Forward' scheme for staff. This encouraged kindness and support to boost morale through low cost or no cost acts of kindness to acknowledge when staff might be feeling low or under pressure. For example, one member of staff was having a difficult time, so the registered manager had paid for a neck and shoulder massage for them. This person then washed up for the cook one day, so that they could leave earlier to go out for the evening, and so on.
- People living at the service were invited to provide feedback on potential candidates, so that their views were heard as part of the recruitment process.

Continuous learning and improving care

- The service entrance lobby had a display on the wall titled 'You said we did.' This display noted all the suggestions that had been put forward through engagement with people, for example surveys or the services suggestions box. It also detailed the actions that were taken as a result, with photographs displayed of the improvements made.
- One relative told us that their relation had seen a significant improvement in their health and wellbeing. They said, "My relative had been very difficult to manage at home previously. We had been through some awful times with them. They are very settled here, [Name's] challenging behaviours have reduced." Another relative had commented in the suggestions, 'Difficult to find any fault! Everything is done very well and professionally. Communication is excellent and is very much appreciated by us.'

Working in partnership with others

- The registered manager continued the ethos of learning and sharing good practice within the Huntercombe organisation. We saw a thank you card from the Chief Executive of the organisation who said, 'This week the senior team nominated you as one of the 'Huntercombe Heroes' of the year. Your leadership has delivered great results at Sherwood, but we are also very grateful for the wider contribution you make, helping out at [location name], thank you.'
- The service worked alongside a wide range of organisations to aid people to feel supported. We saw that where people were involved with teams from health and social care, representatives from those teams were

involved in review meetings with people on a regular basis. We saw feedback in the visitors record from one professional that said, 'I have really enjoyed getting to know you and your team at Sherwood. You run a great service and should be proud.'

- The service routinely worked with others to ensure that people could understand and effectively communicate with other healthcare professionals. This included the use of social stories and preparation visits with other agencies in order to feel supported for any appointments. Where one person required support with regular injections the registered manager arranged multi-agency working with the person, family and the GP to organise this in advance; resulting in a positive outcome. A multi-agency approach ensured the best possible outcomes for people.