

The Joseph Cox Charity

Mary & Joseph House

Inspection report

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Date of inspection visit:
17 October 2016
19 October 2016

Date of publication:
19 December 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 17 and 19 October 2016 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

Mary & Joseph House provides high quality accommodation and personal care to adult males with enduring mental health needs. Mary and Joseph House is part of the Joseph Cox Charity founded in 1963, and has been in its present purpose built house since 1993.

At the time of our inspection there were 41 people living at the home. The home specialises in the care of people living with Korsakoff syndrome. Korsakoff syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). Korsakoff syndrome is most commonly caused by alcohol misuse, but certain other conditions also can cause the syndrome.

The property provides 11 self-contained flats and 30 single bedrooms. The home has been built to an exceptionally good modern standard, specifically adapted for people living with dementia. The home provides accommodation over two floors arranged in five suites. There is a lift, a games room, dining room, chapel, art studio, project room and two lounges on the ground floor. There was a sensory garden for people and their relatives to enjoy that stimulated the senses of smell and hearing.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a truly open atmosphere on entering the premises. People could access the internet if they wanted to and could use a tablet computer provided by the service if they wished to send emails or skype family. All areas within the home had been designed for the needs of the people. There was plenty of communal space, lounges, and dining areas were available to people, as were quiet areas where people could sit in peace. We observed that this was a very safe home with a well-designed system enabling staff and visitors to move freely within the home. A relative said, "I know my dad is extremely safe at Mary & Joseph House, the environment doesn't restrict his movement."

The registered manager was inspiring and dedicated to providing care which met the highest of standards. They strived for excellence through consultation, they were passionate and dedicated to providing an outstanding service to people. They led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans.

People's care plans were tailored for them as individuals with the involvement of their families at all stages. People were cared for by staff that knew them really well and understood how to support them to maximise their potential and attain their goals. People's progress was monitored and celebrated. Staff were constantly looking for opportunities to offer to people that would help them grow, gain confidence and live a fulfilled life. People were supported and encouraged with their goals of moving back into the community. People were able to participate in the quality assurance processes of their home and could undertake a variety of different training offered by the provider.

The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service, individual care and looking at the provider as a whole.

People using the service, their representatives and the staff felt valued and important representatives of the organisation. The staff felt ownership of and followed the aims and objectives of the organisation. People using the service and their representatives gave very positive feedback about their experiences. The staff regularly consulted relatives and external professionals to ask for their opinions. Relatives and professionals told us how they felt the service was outstanding.

The service provided outstanding care to people which were continually reviewed to ensure the best possible outcomes. People, staff, relatives and professionals were extremely complimentary about the service and what it provided.

People living at the home felt happy and were able to follow their own personal interests. Activities were individualised and meaningful to people and designed around people's own interests and hobbies. Staff ensured people received a nutritious, balanced diet and people who required it were supported to eat their meals. People were very happy with the quality of their meals and said they were given enough to eat and drink.

Staffing levels were high to meet people's needs. If people were upset or unwell and more staff were required, this was provided straight away to support people. Relatives of people who had been unwell said they were kept fully informed and said staff were allocated to their relatives to provide comfort and care. This was greatly appreciated by the relatives we spoke with.

People lived in a safe environment that had been designed and adapted to meet the specific needs of people who used the service. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions. There was a system of audits, checks and analysis to identify shortfalls and to rectify them so the quality of care could continually be improved and developed.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DOLS).

People were always at the heart of the service. New staff were recruited with the involvement of people who used the service, in a safe way; all checks were in place before they started work and they received an induction.

A comprehensive induction and mentorship programme was in place for new staff and there was continuing training and development for established staff. There were four 'Champion' roles within the service where the provider had ensured staff had an enhanced level of knowledge in areas such as, infection control, dementia, dignity and hydration.

People were happy and felt safe. People's confidence and ability to be as independent as possible had grown since living at Mary & Joseph House. Their risks were managed effectively and they felt confident meeting new challenges with the support of the staff. They had their medicines administered safely and there were enough staff so that they could undertake the activities they wished and be supported in meeting their individual needs.

The provider had a quality assurance system in place, which was based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Complaints received were responded to thoroughly, and solutions put in place when possible. People were encouraged to share their opinions informally through comment cards in reception. Results of surveys were shared and actions they had taken in response to questionnaires and comment cards. People, their relatives and other health professionals were encouraged to share their opinions to ensure their views drove improvement. Planned improvements were focused specifically on improving people's quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

The registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was outstanding.

There were sufficient numbers of highly skilled and qualified staff deployed to ensure that people had their needs met in a timely way. The recruitment practices were innovative to ensure staff were matched to people using the service.

There was an open and transparent culture with clear lines of responsibility where people living at the service and their families felt that people were protected.

Is the service effective?

Outstanding 

The service was exceptionally effective.

The environment had been designed and arranged to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and develop skills they would need to live independently.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. People could see health and social care professionals to make sure they received appropriate care and treatment when needed.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People were able to set their own goals about what they wanted to achieve whilst at the service. Regular meetings were held with

staff to discuss people's progress and any additional support they required.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible to live the life they chose.

We observed staff treated people with dignity, respect and kindness. Staff were extremely knowledgeable about people's needs, likes, interests and preferences.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People's care was based around their individual needs and aspirations. Staff understood individual's complex communication needs and supported them to achieve their goals and increasing independence.

There was a wide range of activities available to people. These were individualised and meaningful for people as well as creative and innovative.

Links with the local community ensured people were not socially isolated.

People's concerns and complaints were listened to and acted on in a timely manner. Feedback was valued and used to make improvements.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care which supported learning and innovation.

The culture of the organisation was open, transparent and inclusive, which enabled staff to feel able to raise concerns. There was a range of methods for staff to be included in the development of the service and to express their views.

People's views were sought and acted upon. People were encouraged to shape the direction of the service.

Robust and frequent quality assurance processes ensured the

safety, high quality and effectiveness of the service.

Mary & Joseph House

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 registered 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.

The inspection took place on 17 and 19 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector who was accompanied by an expert by experience for the first day of our inspection. The expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the registered provider was asked to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this service.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people who used the service, the relatives of four people who used the service and three healthcare professionals. We also spoke with the registered manager, three assistant managers, one service manager, one administrator, two senior care workers, six care workers, five housekeeping staff, one therapeutic worker, one art teacher and one volunteer.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.

We reviewed three newly recruited staff files, maintenance files and a selection of records which monitored the safety and quality of the service.

Is the service safe?

Our findings

Everyone we spoke with confirmed they felt safe living at Mary & Joseph House. One person told us, "Yes, I feel very safe living here, the staff treat you more like a friend and are always looking out for your best interest." Another person commented, "We have secure grounds here, if I am ever feeling down I can go for a walk outside." A relative told us, "[name of person] wasn't safe when he was living at home, since moving to Mary & Joseph House I can now relax because I know he is more than safe."

People's safety was a priority for the staff at Mary & Joseph House. People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding and the systems in place to protect people. Every member of the staff team from manager to housekeeping staff had received safeguarding training. The staff we spoke with said that they were completely confident in the safeguarding process. Staff said they would not hesitate to report any concerns they may have to their manager or if necessary to the safeguarding team at the local authority. People we spoke with also knew what to do if they had any concerns. There were safeguarding flowcharts on the walls of the office to help people understand the process. The registered manager provided evidence of dates that were offered to people living at the service to attend safeguarding training, we noted from the training records this was well attended by the people. The registered manager explained it was essential for the people living at Mary & Joseph House to be given the opportunity to attend this training and allow them to identify the meaning of safeguarding. One person said; "I would tell someone straight away if I ever suspected abuse of any kind."

During our inspection we saw how the innovative design of the building assisted in keeping people safe and reduce anxiety levels. For example, people who liked to walk in a purposeful manner could do so without coming to a dead end because the building had been designed to encourage orientation. This prevented people from becoming frustrated. Secure entry systems were in place throughout the service. Secure patio areas and gardens were provided so that people could walk outside if they wished. All exits had level access to assist people who were unsteady on their feet.

After months of consultations Mary & Joseph House decided to stop smoking inside the premises and become a smoke free environment from June 2016. This decision was not taken lightly and planning and preparations had been on-going for the last nine months. People receiving the service and staff discussed the planning and preparations at monthly resident meetings, to ensure this decision to go smoke free was agreed by all, and handled appropriately without causing anxiety to the people. The service worked closely with the smoking cessation nurse and the local GP to ensure people received the most up to date guidance to provide assistance with the change. The service provided training to staff and the people on how to use e-cigarettes, if they wanted to reduce or stop smoking. New sheltered facilities were installed outside on the patio that provided a safe designated area if people wished to smoke. The registered manager commented "We've all been working hard to achieve this goal, it's a big change to the culture of our home, but we know the benefits to our health and the overall well-being of our home will be well worth the effort."

Since the implementation of the smoke free home, the service has introduced an innovative 'Cigarette/E-

Cigarette Smokers Individual Risk Assessment'. The purpose of the risk assessment was to assess people's capabilities. This smokers risk assessment has been prepared by Mary & Joseph and a document formulated by the London Fire Brigade, 'Guidance for carrying out an individual smoking risk assessment'. Its purpose is to work in partnership with the individual resident regarding smoking safely. This will identify the individual risk to a resident in regards to their safety when smoking and the risk to employees and visitors.

Staff were exceptional in enabling people to achieve a fulfilling life, by assessing any risks, while keeping them safe. People were encouraged to take positive risks. Risks to people had been assessed and actions had been taken to reduce risks whilst still minimising the restrictions placed on them. For example, one person had expressed that they would like to go to the shops alone. The risks had been discussed with them as part of the risk assessment and there were early indications the person would struggle with crossing roads. The risk assessment was person centred and provided a robust assessment to ensuring this person was safe. This included at first staff supported the person with the journey numerous times, until they were familiar with it. The person also carried an emergency card with contact details for Mary & Joseph House in case it was needed. As a result of this support, this person can now access the city centre independently using public transport.

Staff informed us that without the risk assessment being in place, the person would not have been able to have made this journey on their own. Staff told us that when someone expressed to do something that placed them at risk, "We work closely with the person, to ensure a safe plan has been devised to minimise the risk." People were involved in the risk assessment procedure and we saw that each risk assessment was provided in a suitable format so that people could understand it.

The registered manager told us staffing levels were extremely flexible and were monitored and adjusted to make sure everyone living at the home had enough support to live their life. This was confirmed by speaking with the staff and looking at staff rotas. One member of staff said, "We have an excellent staff team here, we are never short staffed, we always have time to support people out in the community and to any appointments." Another staff member commented, "Sometimes I don't believe we know how lucky we are to have so many staff on the rota. Today I went out for a meal with one of the people after he had completed a number of [medical treatments], this was lovely to do with no pressure about leaving anyone short staffed." The rotas were clear and staff were given information about their working pattern several weeks in advance. The registered manager told us that staff absences and vacancies were covered by overtime. They also said that the permanent staff were very responsive at changing their working hours at short notice to meet a specific individual need of someone living at the service.

There were effective recruitment practices in place and the registered manager worked hard to ensure that staff with the right skills, attitude and values were employed at the service. The registered manager stated that when recruiting new staff an essential part of the process was finding out about their values. For example, checking if prospective staff showed empathy, transparency and kindness and finding out what could they add to the existing team. Prospective new staff had to complete an application form and a face to face interview. People who lived at Mary & Joseph House were heavily involved in the interview process and had asked the candidates questions that were important to them. If the candidate was successful during their interview they were also invited to spend time with people so the registered manager could observe how they interacted with people. People were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work.

The home had an efficient medication policy supported by procedures linked to NICE guidelines, which staff understood and followed. When we checked the medication records, we found these were fully completed,

contained required entries and were signed. We saw there were management audits to monitor safe practices. We looked at the medication system in operation at the home. The service used a system called 'Biodose systems'. The use of Biodose systems enables people to receive their medicines in their room, that it is stored securely and provides one week of medicines at a time to minimise the potential risk of people over medicating. The assistant manager commented, "We have been using the Biodose systems for the past two years, we find this system works extremely well and promotes people's independence to manage their own medicines in the future."

People had their medicines on time and as prescribed. Medicines were stored safely and appropriately with regular temperature checks and a plan in place if the temperature exceeded acceptable limits. The medicine administration record (MAR) charts were completed accurately with no gaps. All medicines were reviewed by the GP every six months or as required.

There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose. Guidance was in place for staff when supporting people with epilepsy rescue medicine; this described the presentation of the seizure, when to administer the medicine and what to do if this was not effective. There was also information about each medicine, details of stock control checks and letters of instruction in respect of medicine changes from GPs. Staff we spoke with were aware of the purpose of the medicines for each person and possible side effects. They told us that only staff who were trained had responsibility for the administration of medicines; this consisted of the management, senior staff and care workers. The assistant manager told us that, following medication training, staff were also assessed for their competency with medicines before they had any involvement in administering medicines. Audits were carried out daily, weekly and monthly by staff to check medicine stock levels were correct and that the necessary recording of medicines was in place and accurate.

The service was extremely motivated to work with people to help them become fully independent at managing their medicines. We viewed three medication risk assessments that detailed the person's level of ability with the management of their medicines. We found one person was unable to manage their own medicines when they first moved to the service, and heavily relied on the staff to support them. This person's risk assessment was updated monthly and provided a detailed audit trail of how the staff team encouraged and supported this person to reach their goal of managing and administering their own medicines. We spoke to this person further, they commented; "When I first moved here I had no confidence at all, I didn't understand why I needed to take my meds, but the staff have worked with me and educated me to why I need my meds. I am now in the position where I am confident to manage my own meds, this has been a massive achievement for me."

People were kept safe from the risk of financial abuse because the home had stringent financial audit processes in place. Some people managed their own money but those that did not had their money stored securely and signed out for them as needed. This process was audited on a daily basis and the registered manager was confident that because of this, any discrepancies would be identified in a matter of hours.

Each person had a personalised fire evacuation plan that was regularly reviewed. This meant that they were well prepared for an emergency situation and their anxiety was reduced. Safety equipment was checked regularly and Legionella risk assessments were in place to include daily water temperature checks.

The service had effective systems in place to identify and manage risks to people's health and wellbeing. For example, we viewed accident and incident records and monthly fall audits. These records were very detailed and we saw the registered manager looked for patterns to incidents before taking prompt action to reduce

the risk of similar accidents or incidents happening again. We saw timely advice was gained from relevant healthcare professionals to help to maintain people's wellbeing. A health care professional we spoke with said, "I have a clinic here once a month, the staff always provide me with detailed information on people's health and wellbeing, they have excellent knowledge on the people's needs."

The head of housekeeping described the wide range of environmental risk assessments that had been conducted, supported by detailed action plans, which included both the internal and external areas of the home. These identified specific hazards and control measures, which had been put in place to minimise the potential risk factors such as accidents and incidents. People lived in a clean and well maintained environment.

We saw the home had procedures and clear guidelines about managing infection control. The assistant manager showed us the comprehensive documentation they had in relation to spot checks they carried out, cleaning rotas and hand hygiene audits.

There were 'champions' amongst the staff who researched and promoted best practice in their key area taking account of relevant legislation and guidance. The service had four staff members who were 'infection control champions'. At the time of our inspection the service was promoting 'the International Infection Prevention week'. The lead infection control champion arranged a number of events throughout the week to promote this event. We observed a presentation for the people who used the service and staff on the second day of our inspection. At the end of this presentation, people and staff were encouraged to put their hands under an ultraviolet light hand machine (this determines whether there is any bacteria on your hands).

The infection control champion lead commented; "The use of the ultraviolet light hand machine is to show people how vital it is to having good hand hygiene." Training on hand hygiene was then provided to the people and staff, detailing the step by step guidance on how they can improve their hand washing techniques and eliminate bacteria. The service also held a competition for the best hand washing poster created by the people living at the home, where a prize was given to the winner.

The infection control champion lead was passionate when speaking about their role, and was dedicated to providing a high level of cleanliness in the home. The service had their local NHS Trust's infection control audit in March 2015, and received an impressive score of 96% compliant.

We saw there was a system in place for ensuring equipment was safe. We checked a selection of records and saw equipment such as fire extinguishers, the fire alarm and portable electrical equipment was serviced regularly.

Is the service effective?

Our findings

People we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, "The staff here know what they are doing. They have supported me so well, I was close to death when I first arrived, now I am strong and feel great." Another said, "This place is always doing something different, like for instance today we had the fire service in doing a presentation. The staff and managers are very experienced." Evidence was available to demonstrate communication between relatives and the home was well established and outcomes of conversations and meetings were effective.

A comprehensive induction and mentorship programme was in place for new staff and there was continuing training and development for established staff. There were four 'Champion' roles within the service where the provider had ensured staff had an enhanced level of knowledge in areas such as, infection control, dementia, dignity and hydration. The registered manager told us that these roles and responsibilities had led to improved understanding of people's health related needs.

People were cared for and supported by well trained and highly skilled staff. The assistant manager oversaw staff's training needs through a detailed on line training record and was meticulous in ensuring all staff undertook all the necessary training. Records and certificates of training showed that a wide range of learning modules was provided for all staff. This included areas such as the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), diversity and inclusion, fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. To further enhance the skills of the care staff they all also had, or were working towards, the level 2 and 3 diploma in Health and Social Care.

Staff also received specialist training for supporting people with Korsakoffs Syndrome, and this helped the staff understand the impact of alcohol on short-term memory, and therefore how people's needs may reflect this. The registered manager commented, "At this stage we believe there is not a recognised accreditation for Korsakoffs Syndrome, we have been identified by the local authority contracting team as one of the leading services to provide comprehensive support to people living with Korsakoffs Syndrome."

There was a focus on staff training, which meant that every member of care staff and housekeeping staff at the home had successfully completed the Care Certificate and those on induction were immediately signed up to it. The Care Certificate is awarded to those staff that have completed training in a specific set of standards that demonstrates they have the relevant knowledge and skills.

People living at Mary & Joseph House also had access to training. Training included topics such as: First Aid, Fire Safety, Safeguarding (recognise signs of abuse), Equality & Diversity, Food & Hydration and Infection Control/Hand Hygiene training. The registered manager explained how the training had really helped to build people's confidence and self-esteem. People having access to training also helped improve their quality of life when they moved out of the home and into the community: giving people confidence to keep themselves and those around them safe.

All new staff underwent an induction programme within a six month probation period. There was evidence of regular one to one meetings known as supervisions and appraisals. The registered manager confirmed that each member of staff had six supervision sessions a year and an annual appraisal. Supervision records seen evidenced their frequency and contained feedback about any areas of improvement, support needed and discussion around the values of the service. The meetings were also used as a tool to check and confirm staff's on-going competency at various tasks, for example medicine administration. The registered manager was keen to ensure teamwork was also enhanced by encouraging peer support. One member of staff said, "This is a lovely place to work, all the staff are positive about making a difference to people's lives." Another member of staff commented; "We are very much like a family here, the communication from the management down to the house keeping staff is first class."

The registered manager and her team were passionate about providing different ways of developing staff knowledge, and told us they had introduced a series of 'best practice' workshops, which provided scenario's, role play, and practical sessions underpinned by a theoretical framework. Staff had attended infection control sessions recently that covered the national prevention infection control week. This provided a forum for staff to ask further questions on the subject and an opportunity to consolidate their learning. These 'best practice' workshops were held twice weekly to ensure everyone had the opportunity to participate. Other work shops that had recently taken place included nutrition and hydration. The workshops were designed to improve staff understanding of issues that affect the people they care for.

One staff member commented; "We have a culture here of striving to improve our knowledge and the people's knowledge on certain things such as nutrition. As you will see around the home we have a number of posters reminding the gents the importance of drinking plenty of fluids, we keep an eye on the amount people drink, it's so important." Another staff member commented' "These 'best practice workshops' are excellent; if you are ever unsure of anything you can discuss this with one of the champions."

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 MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the assistant manager. Discussion with the assistant manager showed they had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the assistant manager confirmed that at the time of our visit there were 10 people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service. The registered manager maintained a record of

people subject to a DoLS, together with the type (standard or urgent) and expiry date.

The assistant manager informed the inspection team the service has had a number of success stories, with DoLS restrictions being lifted, due to effective support provided by Mary & Joseph House. For example, one person was under a DoLS when they first moved to the service, due to having Korsakoffs Syndrome that affected the person's capacity to make decisions, this meant the person was unable to leave the premises without support. The service worked closely with this person and set goals that the person wanted to reach. This included attending a number of abstinent support groups, volunteering at the service and accessing the community with their keyworker. After several months this person began to regain their skills and independence, and became abstinent from alcohol. This person was now at a stage to have the DoLS restrictions removed. The service still continued to work closely with the person to ensure they did not suffer any setbacks. This person has subsequently set further goals and is now planning to move back home in the community.

When we discussed the principles of the MCA and DoLS with staff, they demonstrated a high level of awareness. One staff member said, "I once panicked when people asked me about DoLS because I didn't feel confident to provide a correct answer. But now I am more than confident, the management are always providing training and guidance to us." Another staff member commented; "When people arrive here they will at times lack capacity due to their condition, but we work closely with people in an attempt to develop new skills and help to improve their mental capacity."

The registered manager confirmed the people using the service were not restricted by provisions under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community.

The registered manager had sought people's consent to care and treatment with an ongoing and fluid approach. Care records we looked at held documented evidence of the person's agreement to care. This included decision-specific consent to, for example, care planning, risk assessment, photographs and sharing of information. When new or temporary events arose, such as infections or the use of different equipment, staff had sought further consent. Where people did not have capacity to agree to care or treatment, best interest meetings were arranged with relatives or the power of attorney. This was also completed with decision-specific approaches and advocacy services were involved to ensure the individual had a voice. Additionally, the management team had reacquired people's agreement when they updated the care plan. One relative told us, "The manager has contacted me previously to attend care planning meetings, this has always been helpful."

Mary & Joseph House has been in receipt of the Investors in People (IIP) accreditation since 2009, this demonstrated the provider's continual commitment to maintaining this accreditation. IIP is an external organisation that checks how services manage their staff against set standards. Their accreditation programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. The IIP last completed an assessment of the service in March 2015. The IIP report found areas of outstanding practice and outlined how the registered manager had ensured staff were well trained. This was because they had 'made significant investment to ensure staff skills and knowledge were kept up-to-date. We were able to confirm this then enabled staff to work effectively because of the registered manager's innovative, flexible learning and development approach.

The environment had been designed and arranged to provide positive living, learning and social experiences to people. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and develop skills they would need to live independently. For

example, people had the opportunity to develop and practice their skills in the project room, garden workshop, art studio, and prior to accessing voluntary or paid work placements in the community. The service encourages people to become volunteers at the service, we found people enjoyed this responsibility and felt valued. One person commented, "I am the recycling volunteer here, I love my job as it give me my independence." Another person commented, "I have my own name badge, I'm proud of this, it gives me a reason to get up in the morning."

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required in the preparation of meals. We were told that no one using the service had any nutritional health care needs. Should this change, staff told us they would seek advice from health care and dietetic professionals to ensure people's individualised assessed needs were met.

The service also worked closely with the NHS training and mentorship support in nutrition team (TAMSIN). This provides support and mentorship to care home staff to increase nutritional awareness; carry out nutritional screening of residents; review and improve the mealtime experience; and conduct menu analysis. The nutrition and hydration champion commented; "We have been fully trained by the TAMSIN team, we are now at the stage where everyone within the home has excellent knowledge and awareness of the importance of people having plenty of fluids."

We observed lunch was well organised, very enjoyable and promoted as a social occasion. Staff supported people who lived with dementia with a discrete and extremely caring approach. We observed people eating their midday meal and saw they were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. We saw they provided everything they could to maintain people's independence and ensure they did not take unnecessary control. One person said they wanted something different and would like a ham sandwich, within minutes this was provided. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. Everyone we spoke with said the meals were very good.

We met with the chef, he knew every person's dietary preferences and this information was recorded. He kept a list of all those who required a special diet and also kept an up-dated list of when people had their meal; this ensured the chef had a clear overview if anyone had skipped meals. The chef felt this was important so he could monitor those people who had not eaten their meals and would feedback this information to the staff to check if the person was feeling okay.

We found the provider had maintained the kitchen to a high standard. The most recent local authority food hygiene inspection was in October 2015 and Mary & Joseph House had been given a rating of 5 stars, which is the highest award that can be given.

People had access to on-going healthcare support as needed. The service had worked in partnership with a local GP practice for a number of years. A designated treatment room within the home had been installed to assist the GP or any visiting health professionals. The GP visited the home once a month, but the registered manager confirmed the GP was always available to undertake home visits and set aside a small number of appointments for the people living at Mary & Joseph House throughout the week. During the inspection the GP was available for their monthly practice at the home. The GP was happy to provide feedback to the inspection team, comments received included, "I have been coming to this home for many years now, the staff know people's needs very well, and they always provide me with detailed information of people's health complaints."

Staff worked with other healthcare services to monitor people's physical and mental health. Records we looked at held detailed accounts of concerns staff had identified, along with immediate actions they undertook. Staff continuously evaluated interventions and monitored the impact they had upon people. These exceptional measures enabled staff to provide care that was fluid and adaptive. Staff were extremely experienced in meeting people's needs to reduce hospital admissions. They established strong links with healthcare professionals to maintain high standards of care. This included GPs, social workers, community services and specialist hospital services.

Two health care professional we spoke with told us they had excellent links with this service to ensure people received the most effective care and support to meet their complex needs. They said they felt the service really cared passionately for people and their family. One health care professional said, "I love visiting my patients at this home, the staff are so organised and passionate about the people." Another healthcare professional commented, "This place is special, I visit many services and none compare to this."

Is the service caring?

Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care that people received. People were exceptionally well cared for and were consistent in their high praise of the service. One person said, "If it wasn't for the staff I don't know where I would have ended up, they have been amazing." Another person commented, "They treat everyone as an individual, I feel valued here." A third person said, "I felt depressed when I first moved here, but the staff have a positive and caring approach that keeps me sane."

Staff told us that they saw themselves as 'guests' at Mary & Joseph House. The main emphasis was that people were at home; this enhanced people's wellbeing. We observed staff were highly motivated to provide excellent care for people. Staff were seen to address people by their preferred names. We saw that if a person had their bedroom door closed staff always knocked on the bedroom door and waited for a response before entering their room.

People and relatives we spoke to told us how caring the staff were, and we observed kind and respectful interactions, where people were given time to express themselves fully. Staff knew people well, and people appeared relaxed in their company. Staff were highly motivated to provide care that was kind and compassionate. Where people were quieter than usual staff noticed this, for example, one person was reluctant to socialise with other people. We were informed this person was living with dementia. The registered manager wanted the person not to feel isolated and decided to arrange activities that the person previously enjoyed. One of these was calling out the bingo numbers and during the inspection we observed this person smartly dressed and calling out the bingo numbers. The registered manager commented, "[person's name] in his previous job he was a bingo caller, we decided to design a specialised bingo calling table that was at the right height for him and also ensured the bingo balls were large so he could easily identify the numbers." This evidenced that the service provided was person centred care to people. During the inspection we spoke to this person, but their communication was limited, we asked about the bingo calling and he smiled and put his thumb up in approval.

Relatives were quick to give us examples of how caring the service was to them. For example, a relative said, "We were worried about my dad when he first moved here, because he is a proud man and doesn't like to think he is in a care home. But any worries or fears we had soon disappeared, dad loves it here and he has told me he doesn't want to leave. The staff adapted their approaches very quickly because my dad can be difficult to care for at times, the staff don't treat him like a patient they treat him as an individual."

Staff went the extra mile to help ensure they met everyone's needs or wishes. For example, one person would enjoy collecting items while accessing the community that were at times not suitable to bring in to the home. The staff team didn't want to stop the person from collecting items as this was a routine he had established over many years. The service decided to work with the person and found an innovative way that would not stop his routine. The therapeutic gardener supported the person to build wooden shelves in the garden area, where this person could store his items. The person uses the shelves regularly.

We saw that staff members brought in their dogs regularly at the request of people living in the service. We observed people's reactions were joyful when the dogs were brought in to them. One person living at the service loved taking one dog called Eric for walks and enjoyed his company. This person commented, "Eric is a great companion, although he isn't my dog I get to see him regularly and I love taking him for walks."

The service had one electronic tablet device that was available for any of the people living at Mary & Joseph House to use. The electronic device was used to look at photos sent by families, maps of places they have lived, or to listen to music. The service had recently installed an internet connection that was available to all people free of charge to use. The service had also recently been approved funding by the committee to purchase more electronic tablets for people to use. One staff member commented, "We are always looking for ways to assist people to communicate with their families. The uses of electronic tablet devices are a great way of people keeping in contact with families by emails or even web cam."

People were treated with the utmost dignity and respect. All staff we spoke with emphasised that this was the person's home and they just happened to be working in their home. Staff took the time to talk with people about what they wanted to do and asked permission before supporting the person in anyway. At one point during our inspection we saw a person becoming agitated because they were due to have their flu jab, and had a fear of needles. A staff member was quickly on hand to reassure the person and offered them an opportunity to have their flu jab done next if they preferred this. We noted the person appeared much more relaxed, and was observed to be playing pool with staff a short time after. The staff handled the situation with sensitivity and respect.

People had developed their confidence because of how the staff cared for them. This was evidenced through the records and photographs kept of each person's achievements. Staff were constantly praising people for these achievements and encouraging them to achieve more. For example one person living with dementia started a project in the art studios approximately five years ago to make a large ceramic picture. This person was supported by the therapeutic art teacher with his project and there were photos available to remind the person of their progress.

People had access to a directory of advocacy services. Advocates are people who provide a service to support people to get their views and wishes heard. Mary & Joseph House let people know where they could access advocacy support if needed.

Staff demonstrated their knowledge of people through their interactions and always had the goals people wanted to achieve at the forefront of their mind. Each interaction between people and staff was seen as an opportunity for learning and achieving but undertaken in a caring way. For example a person was discussing options of buying a bicycle and going out on the main road with it. Staff helped them understand the possible impact this would have on their health and offered guidance on routes they could cycle down until the person felt confident. This was done in a respectful non directive way so that the person did not feel that they were being told what to do but that they were part of a conversation with staff that cared about their health and wellbeing.

At the time of our inspection nobody was receiving end of life care. The registered manager confirmed in the past where people were receiving end of life care this was done so in a comfortable and dignified way and in line with the person's wishes. Their end of life care plan was written in conjunction with the person. Staff displayed an extremely good understanding in ensuring people were supported to make their own choices in how they wished to be supported at the end of their life. The registered manager confirmed appropriate health care professionals, such as the palliative nurses to provide any clinical care people required.

People were able to maintain relationships with those who were close to them. Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. This was evident during the inspection when family members visited and they were greeted warmly and in way that was evident staff knew them well. A relative told us, "The service is superb at keeping you informed, as you will see they hold a huge amount of events and we are always invited."

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's training programme.

During the inspection one of the staff members we spoke with commented that the service they provide at Mary & Joseph House is unique. The staff member commented, "We have recently arranged a memorial service for a person who once lived here. At the time of his death he was in a nursing home and has not lived here for the last few years. We were contacted by his family to ask can he hold a memorial service here; we were more than happy to accommodate this in our chapel. When people move on we still care for them, we constantly go the extra mile for people, because we all care."

The registered manager commented that the service does go the extra mile for people. The service had recently commissioned several head stones for people who had lived at Mary & Joseph House. The registered manager commented, "We felt strongly as a committee we wanted to make a contribution to people's lives who once lived here. The people who were laid to rest didn't have the funds to pay for a head stone, so we have invested a significant amount of money to pay for several headstones."

Is the service responsive?

Our findings

Everyone who lived at Mary & Joseph House received care and support that was extremely personalised to their individual needs, wishes and aspirations. Each person had a care and support plan in place.

One of the main goals for staff was to provide people with the tools and support to lead as full a life as possible and this was evident throughout the day. Comments received from people included, "This place has got me to where I want to be, independent again." Another person commented, "I set goals with [staff members name] to eventually move back home. The staff have thought of everything possible to help me with this." A third person commented, "I don't know what I would have done without the support of these people, I now have my family back as a result of their support."

Relatives described how responsive staff were. They told us staff always contacted them if there were any problems and invited to participate in people's care planning. People's preferred routines and interests had been recorded as was their preferred communication methods. We observed staff used people's body language and behaviours to respond to people who did not verbalise.

Information about people evidenced the involvement of family members when appropriate. Relatives said, "The service in my opinion is outstanding, they have been so responsive to my brother's needs, his life has turned around for the better since being here." Another relative commented, "The team here will always contact me to keep me updated about [person's name] health needs, they are superb."

People received care which was in line with their needs and preferences. Care plans we reviewed had an exceptional level of detail within them, including what activities people enjoyed, sleep patterns, foods they liked to eat, medical condition action plans, and daily records which included monitoring of people's emotional state on each shift. Care plans were reviewed monthly with the person and their family members as required. This meant that care was adjusted to meet people's changing needs, in a timely and responsive manner. One healthcare professional commented on a recent feedback form, "Mary and Joseph House is an outstanding care facility, who continues to be fantastic in relation to getting the best out of service users."

We observed from looking at five people's care records that speech and language therapists, dieticians, general practitioners, dentist, opticians and chiropodists and mental health workers visited people living at the home, where this was required. People attended hospital appointments escorted by family or staff.

During the inspection the assistant manager provided the inspection team with a completed discharge plan for a person who moved to a different service that could support his nursing needs. The discharge plan provided exceptional level of detail, including what activities the person likes to enjoy, sleep patterns, foods they liked to eat, medical condition action plans, and daily records. The assistant manager commented, "When people do move back into the community or to a different service we always make sure the discharge plan is robust, we don't want to see people fail."

People had monthly key worker meetings where they could review current goals and set new ones. People

were encouraged to lead on their own reviews and goal setting. This allowed confidence and trust to be developed to ensure that information could be shared freely and staff had current information. For example, one person had spent many years struggling with alcohol dependency moving from placement to placement, and eventually finding themselves in hospital as a result of self-neglect. This person was admitted to Mary & Joseph House from hospital in 2008, where they spent the first year working closely with care staff and associated health professionals to not use alcohol and remain abstinent. As this person's health improved, he regained his independence and improved his living skills. Since then this person has set goals and completed them comprehensively. For example, this person decided he would like to move into one of the self-contained apartments at Mary & Joseph House, which was a goal he had identified. He attained this goal and moved into a flat, a year after admission and has thrived. Since then staff have supported him to maximise his potential and he has set further goals such as; going abroad, managing his own finances/medicines, becoming a volunteer at a local church, and walking his daughter down the aisle. Comments received from this person included, "I have had a lot of sadness in my life, but this place has given me a reason to live. Due to the structured support I received I have not touched alcohol for over eight years."

An individual monthly newsletter was created that provided information along with photos to families informing them of what was happening in the service and how their relative was doing. The people had given their consent for this and were involved in devising the content. The newsletters contained information about what activities they were currently enjoying and recognised any achievements they had made or goals they had reached. For example in one person's newsletters it informed their family about their holiday to Blackpool, and places they visited while they were away. One relative said "We love getting the news letters; they provide so much information on what the gents have done that month."

Activities were individualised, meaningful and well thought out with the focus being on people's past history, interests or hobbies. The service had developed an activities team rather than assigning activities management to one or two staff. The registered manager said it worked really well, encouraged teamwork and promoted a philosophy that activities are everybody's responsibility. The service benefited from a therapeutic art teacher who worked at the home three days a week. A designated art studio was available for people with or without an artistic background to experience numerous different art activities. These included painting, drawing, mosaic making, pottery, weaving, model making and glass painting. The therapeutic art teacher was passionate about her role, she commented, "I have been working here for the past 14 years. I thoroughly enjoy my job, the art group allows the gents to develop new skills and improve their self-esteem." The therapeutic art teacher said the service was responsive to people's preferences and would support people in their own rooms to complete art projects if they didn't like to work in larger groups in the art studio.

The service also employed a therapeutic gardener who had extensive knowledge across horticultural practice and environmental management, a dedicated room was available where people can use existing skills or learn new ones. Projects included woodworking, model making, carving, project planning and other house maintenance skills such as painting and decorating, plumbing and tiling. People had the option whether or not to participate in any of the activities that were on offer. These projects can be extremely beneficial to people who aim to move out into the local community and live independently in their own homes. The service also offered a range gardening activities for people to partake in, such as, seed sowing to vegetable growing and greenhouse work as well as other landscape and garden maintenance tasks. Over the years the gardening team have worked in collaboration with the art group to help achieve Gold Awards in various Royal Horticultural Society competitions. In 2013 the service received a gold medal and best in show at The Royal Horticultural Society Tatton Park Flower Show.

There were strong links to the community. The service supported people to find volunteering roles in the local community, for example one person regularly volunteered at alcoholism anonymous group. This person wanted to support people that were once in a similar situation he found himself in. The service had in-house chapel offering services and prayer for all denominations. The chapel played an important role in the lives of many of people, and even those who aren't religious were welcome to use the chapel for some quiet time. The local priest held weekly services, which were optional for people to attend. Two people commented, "I'm not a religious person, and they never force religion on you here." Another person commented, "I enjoy sitting in the chapel, I find it very peaceful."

The service also had long standing links with a non-profit charity called 'The Vincentian Volunteers'. Volunteers from this service come from all over the world. Mary & Joseph House have a number of volunteers throughout the year and provide them with essential training and skills to work in adult social care. During the inspection we spoke to one volunteer, they commented, "I have been welcomed into this service and feel very much like one of the staff. The service has supported me to complete the care certificate, I am very proud of this."

The home had a mini-bus as well as a people carrier vehicle and these were used regularly to take people out in the local area. We saw evidence a wide variety of day trips that had taken place. People had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. The monthly newsletter provided photos of trips people had attended such as leisure centres, theatres, museums, and national parks. The service had a choir and an instrumental music band that had been organised by the staff and people. People were encouraged to take part even if they didn't have any musical experience. During the second day of the inspection two staff members who are part of the band wrote a song about infection control for the people, this went down well with the people receiving the service.

People were given the option to go on an annual holiday and day trips with the staff. People recently visited Blackpool for their annual summer holiday. One staff member commented, "Some of the men have never been away before and this is a special time for them."

One person had never been on holiday before was excited by the prospect, but the service had to ensure a robust risk assessment had been carried out due to this person living with epilepsy. It was agreed by the person and a staff member they would share a room, to ensure the staff member was readily available if the person needed assistance. The service was responsive to people's needs and did not limit people's activities due to their disabilities.

There was a robust and comprehensive policy about dealing with complaints that staff and registered manager followed. This ensured that complaints were responded to. If they could not be resolved to peoples' satisfaction, there was a mechanism for people in the organisation who were not based at the home to get involved to try and resolve the issues. The registered manager discussed complaints during monthly residents meetings, people were encouraged to make a complaint if there was any aspect of the service they were not happy about. The management team wanted an open and transparent service where people felt comfortable and relaxed to speak out at any time.

Is the service well-led?

Our findings

People we spoke with told us Mary & Joseph House had exceptional leadership. One relative said, "This service is outstanding, the management team is exceptional, they are always willing to do that bit extra." Another relative stated, "I can always visit at any time without any bother, this is reassuring." A third relative added, "What can I say, this place is superb. Every member of staff makes this place what it is, in my opinion number one."

The home had the benefit of strong focused leadership. The registered manager was supported by three assistant managers; and two senior care workers. The registered manager said that she had an excellent relationship with the management team, and staff at the home. Staff and the management commented that they were all comfortable about being able to challenge each other's practice as needed. A member of staff said "The manager is the reason this home is so efficient, we have all learned so much from the manager, she is a great leader." During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there and her staff team. Any question we asked was met with detailed information. For example, during our tour of the premises the registered manager stopped on many occasions to speak with the people and provided reassurance when it was necessary. People were encouraged by the management team to be involved in the inspection process as much as they wanted.

There was an open, positive culture within the home. This was led from the top down. Staff told us the manager was visible, one staff member added, "The management team here are amazing, nothing is ever too much." Staff told us the assistant managers were all dedicated and were always willing to help if things needed doing. We were told, "The managers are always available if you need advice, and are always supporting the staff with people's holidays and day trips out in the community with the people."

The registered manager told us that what they had achieved to date is down to the whole staff team, demonstrating a respect for others input into the service. There was a culture of continual reflection by the staff and management team. They were passionate, creative and dedicated in their approach to improvement, and a visible presence in the service, accessible at all times by operating an 'open door' policy. We observed this during the day; the registered manager shared an office with all levels of staff, which resulted in a culture of shared learning and information sharing to support the running of the service. For example, staff came in regularly and asked questions, passing on important information about people and their well-being.

There was a positive culture at the service which encouraged staff and people to express their opinions, which were acted upon. The staff were calm and professional and they fully understood their roles and the ethos of the organisation. They were committed to reflective practice where they reviewed and monitored the service they provided. They also demonstrated an understanding and commitment to personalised care where people living at the service were at the heart of every decision. They demonstrated this through their discussions about the innovative work they were undertaking for each person, and the pleasure they felt when people living at the service had a positive experience. The manager worked alongside staff and had changed the arrangement of senior staff in order to enable more time working directly with the staff in

response to a request they had made. The senior support staff were visible and well known to people using the service and the staff. We witnessed interactions between people and senior staff which demonstrated they had positive relationships where people felt valued and respected. One staff member told us, "The management team will listen to everyone's opinions, I certainly do feel valued."

The registered manager carried out a programme of weekly and monthly audits and safety checks. A quarterly audit was carried out of all areas of the service and service provision. The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service. The manager provided evidence of completed weekly and monthly audits which included care plan audits, infection control, fire systems and maintenance logs. The results of this monitoring were continuously delivered through changes and improvements in the way they worked with each individual and could be directly correlated with the improvements in wellbeing, health and reduction of aggression for each person living at the service. This was evidenced through records of the care provided and planned to them and we could see how this had a positive impact for each person.

The registered manager spoke positively of how they were fully supported by the provider, who responded immediately to any situation when requested. They met monthly to discuss quality assurance and other relevant updates. The provider fully supported continued improvement plans; for example, funds were allocated to buy a defibrillator, additional freezer for the kitchen, four electronic tablets, new carpets and areas of the home to be newly decorated.

People and staff were seen as an integral part of developing and shaping the service, there was a strong emphasis on continually striving to improve. Surveys were sent to people, their families, healthcare professionals and staff to gain their views of the service. Once the surveys were returned the service analysed the results in the form of pie charts and graphs for people to view, and what actions the service took as a result of their feedback. Surveys viewed were extremely positive about the service that was being provided. The service also had a suggestion and comments box that was available in the reception area; this was regularly checked by the management team. A comment from one healthcare questionnaire included, "It's always a pleasure to come here and I believe that my patients who are placed here receive a superior standard of care."

The service empowered people and placed them in control of shaping the service they received, for example, encouraging people to be involved in the interviewing and recruitment of staff. This demonstrated a commitment to working in partnership with people, and ensured their views were valued, such as being able to influence appointment decisions. One person said, "Yes I do interview the new staff, It's a nice feeling to be involved."

The home was purpose built with the needs of people at the heart of decisions made about the design of the building. Spacious corridors and signage assisted people to get around. A health care professional we spoke with said, "The layout of this home is superb, people can roam the gardens of their own accord without any risks."

The management team recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. The service sustained outstanding practice and improvements over time and worked towards, and achieved, recognised quality accreditation schemes. The registered manager and her team signed up to the social care commitment in March 2016. The social care commitment is the sector's promise to provide people who need care and support with high quality services. The service was always striving for innovative ideas that could improve the service and have a positive impact on people's lives. The service had also had the People (IIP) accreditation since 2009, this demonstrated the continual commitment

the service had to maintaining this award for seven years.

The service worked in partnership with other organisations to make sure they were following current best practice and a high quality service. They strived for excellence through consultation, and research. For example, the management team attended all local authority provider meetings and on occasions visited different services to observe their practice and take away information that would help to improve Mary & Joseph House. The service was also happy to invite other providers to their service to share good practice.

The home had an open and transparent culture, with clear values and vision for the future. Staff shared this commitment and vision and were supported through training and clear leadership from the registered manager to provide this for the people who used the service. The service worked in partnership with key organisations including specialist health and social care professionals.

Staff meetings were held every month which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes and discussions included people who used the service, health and safety, recruitment and staffing.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation.

People attended monthly 'resident meetings' where they could give their opinions and feedback. These meetings were chaired by the people, and solely focused on the areas they wanted to discuss. This allowed people the opportunity to discuss any changes to the service they felt necessary, while promoting their independence.

These meetings were also attended by the management of the service to help identify actions and minute discussions. These monthly meetings were heavily attended by the people and staff, this helped to demonstrate that people and their opinions were valued. The meeting minutes viewed evidenced people were being kept up to date with any changes in the service, and encouraged people to suggest forthcoming activities. People living at Mary and Joseph House were encouraged to become volunteers within the home, in areas such as: home maintenance, gardening, gardening maintenance, dining room support, housekeeping, and recycling. At the time of the inspection the service had seven volunteers.