

The Fremantle Trust

The Heights

Inspection report

5 Langley Close
Downley
High Wycombe
Buckinghamshire
HP13 5US

Tel: 01494885460
Website: www.fremantletrust.org

Date of inspection visit:
13 November 2018
14 November 2018
19 November 2018

Date of publication:
05 February 2019

Ratings

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

Summary of findings

Overall summary

This inspection took place on 13, 14 and 19 of November 2018 and was unannounced.

The Heights is a nursing home. People in nursing homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

The Heights is registered to provide nursing and residential care for up to 90 adults with a range of needs including younger adults living with a physical or learning disability and older adults with a range of needs including dementia, epilepsy and diabetes. Younger adults had complex care needs and lived in a separate accommodation called Downley Lodge, which was adjacent to the main building. Downley Lodge had its own staff team and entrance.

At the last inspection we rated the service as outstanding. At this inspection we found that the service remained outstanding overall. The service remained outstanding in well led and had improved from good to outstanding in effective. The service the service no longer meets the criteria for outstanding in responsive and is now good in responsive.

The home had 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 an extremely positive culture at the home because staff put people at the heart of their practice. Staff provided outstandingly effective care as they were highly skilled, dedicated and passionate in their approach. People received highly individualised care as staff were committed to cultivating a thorough understanding of people's health, wellbeing needs, social histories, important relationships and preferences. Staff treated people as individuals, celebrated their life histories and enabled them to access meaningful experiences.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager encouraged and supported staff in their training and career development. Staff completed a comprehensive induction, the Care Certificate and training specific to the needs of people living in the home. The registered manager facilitated training opportunities for staff and continually reviewed their development through a supervision system. It was clear they believed in the abilities and potential of their staff as without exception, staff members told us they felt incredibly well supported. All

departments of the staff team were valued and were included in daily handover meetings. This helped staff maintain a detailed oversight of people's needs and of service developments and changes.

The chef took a collaborative approach to menu planning and held regular meetings with people and their families to ensure foods were nutritious and enjoyable. People at risk of malnutrition were provided with immediate support to maintain a healthy weight.

The home was light, spacious and extremely well decorated and contained furniture and possessions from people's own homes as well as quiet seating areas with objects of interest. This provided attractive, appealing spaces for people and their families to relax in.

Staff were highly skilled at liaising with professionals from different agencies to provide people with timely support. They worked in partnership with professionals to ensure people received the highest possible standards of care.

Without exception, staff told us they were given support by the registered manager. Staff told us the registered manager welcomed and encouraged suggestions for improvements to the service and acted upon these to deliver excellent care. The registered manager was passionate about developing clinical knowledge to provide the best outcomes and had engaged in several research projects with local health services and universities.

Staff at the service were highly successful in integrating with the local services and organisations. They had developed good working relationships with local services including a school, nursery and supermarket and held regular fundraising events in the community. This helped people continue to remain a part of the community they had lived in prior to moving to the home.

Staff had a highly detailed understanding of the Mental Capacity Act and gave several examples of how they applied this when providing care and support to people. For those who were unable to make certain decisions, evidence showed that decisions made were in people's best interests. People's care plans contained detailed records of meetings held with people, their families and relevant professionals.

People and their relatives gave us positive feedback about the service provided. People told us staff were always available to them and always displayed a caring attitude. The provider ensured that there were enough staff available to meet people's needs and uphold their wellbeing.

Through developing respectful caring bonds with people, staff learned about their personal histories, desires and ambitions and helped them to fulfil these. They saw people in terms of their positive traits and abilities and aimed to ensure they enjoyed life enhancing experiences.

People's skills were celebrated and staff supported people to develop physical abilities whilst living at the Heights. Staff saw people's time at the home as a phase of their life where they could grow and develop new friendships.

The registered manager was highly trained. They were a registered nurse with advanced nursing qualifications and minor illness management training. This enabled them to promptly detect and respond to changes in people's health and refer them to the appropriate professionals such as GPs and district nurses. They shared their expertise with their staff team and ensured they completed appropriate training updates. Professionals we spoke with praised staff at the Heights for their skill, judgments and professionalism and told us that the skilled assessments completed by staff at the Heights had prevented

conditions worsening in some people.

The registered manager was highly adaptable in their approach to delivering care and used technology in innovative ways to promote inclusion and reduce loneliness. They reflected on their practice and used learning to improve outcomes for people living in the home. They had developed an in-house television 'live cast' so those unable to leave their rooms could still feel included in activities. They had also taken part in telemedicine clinical trials and had provided feedback to local health care commissioners about this.

The service had plans in place for supporting people and meeting their needs in their last days and after their passing. Sensitive discussions were held with people regarding the place they wished to remain in in their last days and the type of treatment they preferred and needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Outstanding ☆

The service had improved to outstanding.

People received care from highly skilled staff who completed a thorough induction. Staff were open to discussing ways to improve practice and there was a supportive culture from the management team.

People were empowered to make decisions about their care and day to day lives. People's views and opinions were valued and staff took opportunities to involve people in planning their care and fulfilling ambitions. Best interest decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain a healthy diet. The home's chef continually involved people in decisions about meals and catered for people's needs and preferences.

People received the support they needed from healthcare professionals promptly as the provider had developed positive, professional relationships with health and social care professionals.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service no longer meets the criteria for outstanding and is now good.

People received individualised care because staff had a detailed understanding of people's needs and preferences.

Staff involved people in planning their own care. People knew

how to complain and any concerns were investigated and addressed promptly.

Staff supported people to have a dignified and pain free death. Sensitive discussions were held with people regarding the place they wished to remain in and their preferred treatment in their last days.

Is the service well-led?

The service remains outstanding.

Outstanding 

The Heights

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 14 and 19 November 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. The Expert by Experience's area of expertise was the care of older people and people living with dementia.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. After the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five members of care staff, three nurses, two administrators, the activities coordinator, the provider's dementia specialist, a chef, the deputy manager of The Heights, the regional manager and the registered manager. We also spoke with the home manager of Downley Lodge, 12 people, four relatives and a healthcare professional.

We reviewed records which included 11 people's care plans and 15 staff recruitment and supervision records. We also looked at records relating to the management of the service such as the development plan known as the 'Manager's Workbook', resident meeting minutes, staff meeting minutes, staff rotas, medicines administration records and the provider's statement of purpose. After the inspection we reviewed further evidence sent to us by the provider which included the staff training matrix, evidence of activities and further quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. People's relatives told us they felt their loved ones were safe and that staff would take prompt action if any risks to people's safety were found.

People were protected from the risk of harm or abuse. Staff we spoke with confidently identified types of abuse and actions they would take to safeguard people from harm including reporting incidents to the local authority safeguarding team. Staff we spoke with were clear about their responsibilities when reporting safeguarding concerns. One staff member said, "I would report it straight away...to my line manager. I would bring it up with the manager or head office...if they didn't act...I would phone the safeguarding team."

The registered manager had implemented measures to protect people from the risk of harm. Crash trolleys, which are trolleys containing specialist life-saving equipment and medicines, were placed on each floor of the home. If a person experienced a life-threatening emergency, the crash trolley could be used to provide life-saving treatments from suitably qualified staff. Supporting risk assessments included daily equipment checks to ensure the crash trollies contained all the necessary equipment and medicines.

The registered manager held daily handover meetings with heads of all departments to manage risks within the service. Senior members of staff gave updates on areas including maintenance, administration, catering and nursing needs. The deputy manager was a registered nurse and provided a detailed handover regarding anyone with changes in health needs such as treatments for infections as well as details of assessments and new admissions. This helped maintain people's safety as all staff had a up to date knowledge of people's health and wellbeing needs and any risks in the home environment.

Safe systems were in place for managing people's medicines both in The Heights and at Downley Lodge. Medicines were kept in locked cabinets or fridges where appropriate. Temperatures in storage facilities were monitored and evidence showed that these were within safe ranges. The registered manager and senior staff completed regular medicines audits to ensure these were managed safely. Audits we reviewed for the six months before our inspection showed errors were promptly identified and corrective actions taken. Medicines administration records (MARs) we reviewed were completed accurately. Protocols were in place for 'as required' medicines so people could receive pain relief and treatment for temporary health conditions.

Evidence showed that registered nurses completed regular observations of staff's competency in medicines management to ensure safe practice was maintained, including the correct hand hygiene techniques and pain assessment tools. This ensured people received the correct medicines to treat pain and protected them from the risk of infection. The provider worked according to guidance from their partner pharmacy to ensure safe standards were maintained.

The registered manager deployed sufficient numbers of staff to keep people safe. Records showed dependency tools were used to assess numbers of staff needed. The service was responsive to people's needs and adjusted staff numbers as necessary

The registered manager completed a monthly falls analysis to identify causes and reduce falls for people. Findings were then shared in staff meetings and with people's families. The senior staff team then arranged for additional staff to be on shift to support people dependent on their needs.

People's health needs and conditions were reviewed by the provider's nursing team. Referrals were made to appropriate professionals including physiotherapists, specialist nurses and GPs. People identified as being at high risk of falling were given specialised beds which could be lowered. For people who did not have the capacity to understand their risk of falling, sensor mats were placed in their rooms to alert staff if people were moving about unaided. People's care plans contained evidence of the best interest decisions made to support this practice. The registered manager's falls analysis showed these actions resulted in a 38% reduction in falls over a period of 12 months.

People were protected from the spread of infection. The home had an infection control champion who was qualified to deliver infection control training. They completed a regular risk analysis to identify people vulnerable to infections and an annual infection review statement which was shared with the staff team. Referrals to GPs were made as appropriate. The provider also completed mock inspections to review safety and staff competency.

Staff maintained an up to date record of accidents and incidents and used these to reflect on ways to improve care. This was confirmed by records we reviewed. When incidents occurred, the registered manager sent the required notifications to CQC.

Is the service effective?

Our findings

People, their relatives and health professionals told us care at the home was extremely effective. One person said, "They're looking after me very well indeed...They're always caring, always asking, always there. They're a nice lot of people...I get up when I feel like it...I know the staff, they chat with me. I like it here." Another person told us, "If I make the slightest fuss they respond very well...If ever you have a skin [break] they are in here straight away and they're slapping [the cream] on." A relative told us, "The staff are really good...The staff are helpful...It's as good as it could be." Health professionals we spoke with praised the high quality of care provided by staff. One health professional we spoke with commented that staff were skilled in identifying people in need of medical attention.

People's needs and choices were thoroughly assessed before they moved to The Heights. The registered manager and staff cultivated an extensive understanding of people's needs through completing detailed nursing assessments for older people, people living with dementia and of younger people living with a physical or learning disability. This meant people's needs were met as staff maintained a detailed understanding of their health needs, preferences, social histories and relationships. The registered manager and staff team also used assessment tools effectively to detect and respond to changes in people's health and wellbeing.

Staff worked in partnership with people and their families to ensure each person received a detailed health and wellbeing needs assessment before moving to The Heights. Evidence showed the deputy manager completed a thorough assessment of the person's health, wellbeing and social needs. Staff were highly flexible in their approach and told us they were available for any questions from people and their families. This personalised assessment process ensured a smooth transition for people and that staff were well-placed to meet the person's needs before they moved to the home. This meant that people's health and wellbeing were protected as staff had a thorough understanding of people's needs. One person gave us an example of how staff had met their needs by responding quickly when the person was unwell. They said, "Soon after I came here...a nurse noticed I didn't seem well and they arranged for me to go to hospital. [In the hospital] they found there was something not right with my kidneys." In a further example, the deputy manager described the care and treatment delivered to a person discharged from hospital with a fracture. They said, "They had physio...we carried on...staff [used]...instructions...they improved, they walked more...we have to assess pain...use nursing knowledge...cooperate with family...give them feedback...update everything on their treatment plan." Staff's highly developed clinical assessment and treatment skills meant they could provide extremely effective care as they responded promptly to changes in people's health and wellbeing. This meant people's health and wellbeing was protected and promoted.

Staff completed a four-day comprehensive induction programme. This included training in essential areas such as infection control and moving and handling, as well as specific skills such as care of people living with diabetes. Staff were also given access to online clinical skills training which could be accessed at any time. Before working independently, new staff members were buddied with more experienced staff. As soon as competencies were completed, staff were authorised to work unsupervised. Staff received regular clinical knowledge updates from suitable professionals to ensure their knowledge was current. Senior staff

completed regular competency observations on staff. This helped staff identify areas for improvement. Staff also completed the Care Certificate during their induction. This is a set of standards used by providers to ensure staff are sufficiently trained and skilled to meet the needs of the people they support.

Staff were supported by managers and senior staff and received regular supervisions, appraisals and mid-year reviews. Records we reviewed showed staff identified developments in practice and courses they wished to attend which were relevant to their role. Staff also reflected on learning from courses they had completed. One staff member talked about the training opportunities available. They told us, "There's loads...the world's your oyster...the training we have there is phenomenal...[registered manager will] nudge you...[they're] hot on making sure our training is up to date."

We spoke with the activities coordinator, who had completed training in providing adapted activities for older people and those living with dementia. They told us this had developed their ability to recognise responses to music and other stimuli in people living with advanced dementia. They said, "We did...dementia care mapping if you look...you'll see a finger tapping...don't make the assumption it's not going in." This was confirmed by the provider's dementia specialist. They told us the activities coordinator had completed advanced training to support people living with dementia, "[They] have gone through a qualification with extra aspects to it that made it dementia focused...[they] follow the journey through... early and late stages." This meant people's needs were met as staff had a detailed understanding of ways to support older people and those living with dementia. This was confirmed by observations we made during the inspection. Staff were highly responsive to people and provided sensitive, individualised support. Staff 'shared the journey' with people. When one person became distressed during a group activity, a staff member responded immediately, providing reassurance with gentle hand touches, smiles and comforting words. Another person was enjoying singing and dancing, so a staff member supported them by taking their hands and singing and dancing with them. Staff were acutely aware of people's need for emotional support and active stimulation and took many opportunities to meet this need in a creative way. This was confirmed by people's feedback about the service. Comments included, 'Staff work so hard every day to make the residents comfortable' and 'We are so grateful that this centre exists and my [relative] had a well-deserved break, and my [relative] feels like [they've] been on holiday.'

The registered manager encouraged staff to complete training to support the needs of the people in the service. A member of staff working in Downley Lodge had been supported to complete a postgraduate course in End of Life Care. They told us, "[The registered manager] is completely supportive. He's been brilliant...I've gone to end of life care conferences...and palliative care for people with learning difficulties."

The service had the skills, knowledge and dedication to ensure people's individual dietary needs and preferences were met. One person said, "You get a choice, there's always a vegetarian choice." Records showed there were a variety of meals on offer. The chef held regular meetings with people and their families to ensure people's meal preferences and nutritional needs were met. People were provided with individualised meal plans if they were at risk of malnutrition. A relative told us when the chef knew that their loved one was at risk of weight loss, they devised a specific plan to ensure the person received sufficient food to maintain their health. They told us, "I spoke to the chef and he said ask for whatever you like... I would like the chef to get a special commendation." During our inspection we observed mealtimes were calm and unrushed. Several staff ate with people and relatives were welcomed into the home at mealtimes.

The registered manager took an innovative approach to working with health professionals from different disciplines to improve care and develop practice within the home. Staff took part in initiatives to promote good health and wellbeing outcomes for people such as the 'red bag scheme', which aims to provide a better care experience for care home residents by improving communication between care homes and

hospitals. The registered manager told us people had been supported to choose and record the items they wished to take to hospital which were then placed in red bags. They said, "Staff members talk to residents about stuff they would like to take along, this...includes their mobile phones, glasses, dentures, favourite books etc. This did not happen prior to the red bag implementation. The checklists ensure that the residents property sent to hospital returns on discharge. We had no residents [lose] property following admission to hospital." This helped to prevent distress to those admitted from the home to hospital.

The service was also part of a trial of the NHS 'buddy system' which used a single point of contact at the local hospital to ensure any concerns about people's health would be addressed promptly to ensure appropriate admissions and safe discharges to and from hospital. The registered manager gave us an example of how they used the buddy system to reduce distress for a person being discharged from hospital. They told us, "Previously residents with dementia used to [be] discharged late night which was resulting in residents being increasingly confused...We discussed [this] with the hospital team about [person's] discharge and they agreed a morning admission to the home." Following this staff at the home liaised with the hospital discharge team to ensure they received all necessary information before people returned home. In addition, the registered manager regularly attended the local authority nurse's forum to keep up to date with best practice. As a result of attending the forum the registered manager told us they had improved diabetes care for people. They said, "We bought individual glucometers [blood sugar meters] started weekly tests of glucometer and calibration, hypo [low blood sugar] kits in all houses, [liaised] with GP, [implemented] staff training, personalised care plans, [and] daily foot check charts for all diabetic residents...there [have] been no hypoglycaemic episodes or related emergencies in 2018. This meant that people living with diabetes were better protected from being admitted to hospital as staff were skilled in maintaining their health.

The registered manager and staff were engaged in many research projects with local health providers and universities to develop and maintain good practice and contribute to innovative projects. Staff took part in a telecommunication nursing assessment scheme as part of a pilot for a healthcare provider. Nurses held consultations with people over a live video web link to determine suitable care and treatments for those who were ill or injured. The registered manager told us that after reflecting on the scheme, staff felt it was not suitable for the needs of people in the home. They felt face to face assessments were more appropriate. However, by contributing to this scheme the provider had helped to create resources promoting access to healthcare for those unable or reluctant to attend appointments. This was fed back to the healthcare provider in the evaluation. This demonstrated staff at the home engaged in a culture of reflective practice and contributed to research effectively in partnership with professionals from health, education and social care to improve health outcomes for people.

People were supported to access healthcare appointments and a GP visited the home each week. Records of people's appointments and assessments were recorded in their care plans. Staff advocated for people and made effective assessments of people's health to refer to healthcare professionals to ensure they received care and treatment promptly. One health professional described how staff were skilled in their approach to care and treatment and alleviated any anxieties people had. They said, "I've always been impressed, they know their residents well...they're very caring, they were very good at knowing how to [give care] and...keep distress to a minimum."

The provider had made adaptations to the environment to ensure it met the diverse needs and preferences of people living in the home. Communal areas had been decorated to people's tastes and provided welcoming spaces for them to relax in with their families. The main lounge in the building had been made into separate areas so people were able to sit in small groups if they chose to. There was a fireplace with easy chairs and a television, a café for people and relatives serving home-made snacks, teas and coffees, as well as a

children's play area used by relatives and by the local nursery who made regular visits to the home. A bar had been placed in the main lounge and was named after a local pub which had closed. Staff told us many of the people living at the home had visited the pub and had asked for the home's bar to be named after it. Staff told us the bar could be opened by request, whenever people wanted to enjoy a drink. This helped to create a communal atmosphere at the service and gave people a connection to their memories and local area.

There were three separate residential areas or 'houses' each with their own living room-diner area. Corridors were decorated with displays made by staff and people. Different themes were explored which followed people's interests. In Downley Lodge a three-dimensional wall display had been made for a person with an interest in aquariums. Staff told us the person liked to look at and touch the fish in the display as they walked past. The display had been placed outside the person's room to help them orientate themselves. There were several comfortable seating areas positioned in recesses in corridors within the home. These areas had been designed with people's preferences and interests in mind and contained activities, books and musical instruments. This provided people with several opportunities to relax in more intimate spaces. A post box had also been placed in a corridor at one person's request so they could post letters to loved ones.

There were several spacious garden areas and balconies at the home which provided relaxation spaces for people and their relatives. An adapted shed had been placed in the garden which contained photos and objects of interest. The registered manager told us this space was used for the 'men's club.' People's rooms were spacious and contained many of their own possessions. The registered manager told us they encouraged people to bring their own things to the home to help them feel comfortable.

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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications to the local authority for a range of restrictions.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had a highly developed understanding of how to apply the principles of the MCA when delivering care. The registered manager told us about a person who had been unable to go out independently to access shops and activities. Staff had completed risk assessments and supported the person to go out alone. The registered manager told us as a result the person's confidence and mobility had visibly improved.

Is the service caring?

Our findings

Staff maintained genuine, caring bonds with people and knew them well. This was confirmed by people we spoke with. One person told us, "They're very good to you. We're not treated as odd-balls, we're treated as normal people. I can get up and go to bed when I want, I shower every day by myself...[they work] very hard but they talk to you as they come around." Another person said, "[The carers are] lovely...they are nice. They're very kind. They do anything for you if you ask them." A relative said, "I feel really relieved...that [my relative] is in a caring place." Written comments from relatives included, 'Every member of staff has been attentive to my [loved one] and gone out of their way to learn more about [them] and meet [their] needs', the best experience possible' and 'your staff have touched our hearts and lives. Thank you very much for your genuine love and affection'.

Staff knew people's preferences without referring to documentation and supported them to access activities they enjoyed. We observed many instances of genuine warmth between staff and people. During a group reminiscence activity, staff sat with people and encouraged them to answer questions and sing familiar songs. We saw that staff often gently placed their hands on people's arms to provide comfort and reassurance. People laughed, smiled and joked with staff and appeared to be very comfortable with them.

Staff at The Heights and Downley Lodge responded to people showing signs of emotional distress. The registered manager told us that one person had showed signs of low mood. In response to this staff had produced a 'Wellbeing Profile' using an evidence-based tool developed by a university. Staff assessed signs of enjoyment in the person and engagement in activities then produced a score based on the person's responses. The person had worked as a fire fighter. As the person had a low score, staff planned a visit to a fire station to improve the person's wellbeing. Following the visit scores were repeated and showed a marked improvement in the person's mood and wellbeing.

There was a positive atmosphere in the home and people appeared to be relaxed. We observed several instances of people stopping to chat to various members of staff all of whom stopped what they were doing to speak with people for a few minutes. Staff consistently asked permission before providing care and support. Staff treated people with respect and addressed them using their preferred names. People's privacy, dignity and independence were upheld and promoted. People were given support to maintain their appearance and attended regular hairdresser appointments in the home. People's care plans contained detailed information for staff about how they wished to maintain their personal appearance.

Staff worked in partnership with people and their family members to plan care and support. People were consulted about their preferences and care and support activities were planned accordingly. Staff advocated for people with additional communication needs when needed to plan enjoyable activities for them. People's preferences were reflected in the varied activities schedule which was regularly reviewed.

Staff we spoke with gave examples of how they respected and promoted people's privacy, dignity and independence. One staff member said, "When giving personal care shut the door...you cover that person up...simple things."

Is the service responsive?

Our findings

People told us that staff responded to their needs and preferences. One person told us, "All the staff are very friendly and a pleasure to talk to; very helpful from top to bottom." Another person said, "If you're going out with your family you give them the departure time and they get you ready...I know them all...I've spoken about my life to them and they're interested. They've got my life story. They're in close contact with my [relative]." People's care needs were met because keyworkers and other staff had cultivated a detailed understanding of people's needs and preferences.

Staff focused on working in partnership with people and their families to plan individualised activities. This was reflected in people's care plans, which contained information about people's lives, interests, abilities and the individual ways in which they preferred to receive care and support. Each person was allocated a key worker, a member of staff who knew people's social histories and current interests and planned events and activities which were meaningful and relevant to people. Evidence showed keyworkers held regular reviews with people to ensure changes were made to their care plans where appropriate.

People told us they enjoyed a varied activities programme. One person said, "There's a quiz and coffee morning today...I go to the quizzes, the crossword activity, the knitting group, colour classes and bingo... you can do anything you want as long as you let them know." The schedule was placed in communal areas and the provider complied with the Accessible Information Standard (AIS) by providing large print or pictorial schedules for people with sensory impairments. The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand.

The provider's activities coordinator was trained in activities delivery for older people and people living with dementia. We observed a group reminiscence activity which included a quiz, discussion of significant historical events and singing. The activities coordinator had also produced a weekly newspaper called 'Sparkle' as a discussion point for people and their relatives. They told us, "We can do the journey together, ask them to read...I want to make it interactive, tactile. The idea is to evoke memories...Sparkle [is] to be used by relatives and people." The activities coordinator also shared photos and videos of group activities at the home on a private social media page. They told us this enabled staff, people and their families to share memories and relive positive experiences. They said, "Everybody has a role to play...I want them to be proud of what they do." Most recently people had taken part in a Halloween baking competition.

For people living in Downley Lodge, each person's keyworker supported them to make an individualised activity plan which was based on their needs and met their preferences. People changed their chosen activities depending on their preferences if they wished to take part in alternative activities. They also attending regular activities at day centre services for example. This meant people were able to take part in leisure pursuits and opportunities which were appropriate and which interested them.

We saw videos which showed people enjoying baking, talking and laughing with each other and staff. Staff also held events for people to celebrate their abilities such as 'The Heights Got Talent'. A DVD we saw showed staff and people laughing dancing and singing during a show. Staff also held groups for women and

men, including a knitting club and men's discussion club which was held in the 'men cave'; a garden shed filled with discussion objects of interest.

Technology was used effectively to benefit those unable to leave their rooms. The registered manager told us that following a suggestion from a relative whose spouse did not like crowds, they had developed an in house telecast for people unable to leave their rooms. This allowed people to view events taking place in the home from the comfort of their rooms. The registered manager told us this had helped reduce feelings of isolation in some people. One person who used the telecast said, "I can sit here in my lounge and watch the live action! I love it!" Staff also helped prevent loneliness through the 'Bedside Buddies' scheme. Staff visited people and held conversations with people about topics which interested them, read or listened to music with them. Staff had also developed a secure mobile phone app which was used by people and their relatives to share photos and special memories. Staff we spoke with told us this helped people stay connected with their families. One staff member said, "If a family member is on holiday...we can print it [photo] out, they can have it in their bedroom."

People were involved in care and support delivered because staff sought people's feedback both informally and formally. Yearly care quality assessments were sent to people and meetings with residents and families were held regularly. In the 12 months leading up to the inspection the provider had received several compliments. Comments included, 'always go the extra mile', '[Relative] was always kept safe', 'provided dignity, respect and compassion', and 'Every member of staff has been attentive to my [relative] and gone out of their way to learn more about [them] and meet [their] needs.' These comments showed people were satisfied with care provided. Records of complaints we reviewed showed these were fully investigated according to the provider's policy.

Staff at the Heights and Downley Lodge provided responsive care to those in the last days of their lives. Records showed staff held discussions with people and their family members regarding where they wished to remain in their last days and the type of treatment they preferred and needed. This was documented in people's care plans. Staff, people and their relatives were well supported with bereavements within the home by a trained, skilled lead for end of life care with postgraduate qualifications. They attended regular training and conferences to ensure their knowledge and skills were up to date and had planned to implement end of life care training for staff. They were dedicated in their approach. They told us, "I'm so passionate [training] should be mandatory."

Staff worked in partnership with people, their families and with healthcare professionals from different disciplines to meet people's care needs in their last days. The end of life care lead had detailed knowledge about the specialist care for people who were dying. They told us about how they had supported a person receiving end of life care. They said, "I pulled together MDT [multi-disciplinary team] with [their] family, GP, Macmillan nurses. We had a learning disabilities nurse, speech and language therapist...we came together." This meant people had a comfortable, pain free death as timely support from the relevant specialists was put in place. The provider's policy for end of life care included guidance for staff on care and treatments including emotional support for people and their families.

Is the service well-led?

Our findings

The service was extremely well led. The registered manager was passionate and dedicated with a clear vision to deliver individualised care planned in partnership with people and their families. The registered manager and staff were dedicated to their aim of ensuring people felt respected and valued. People's talents and abilities were celebrated and their human rights upheld and protected. Skilled, knowledgeable and adaptable staff delivered care, treatment and support in two services which were distinctly built around people's individual needs.

Without exception, people, relatives, and staff told us the registered manager was supportive and dedicated, providing consistently excellent leadership. One person told us, "The manager comes up and talks to [my relative] regularly. [They] listen...[registered manager is] very available." Staff we spoke with said they felt well supported and listened to by the registered manager and senior team. One staff member said, "[He] is completely supportive. He's been brilliant." Another staff member told us since the registered manager arrived, "Everything goes so smoothly." The management structure was well defined and staff were well supported because of this. Staff roles and responsibilities were clear and input from each staff member was valued and encouraged by the registered manager. They told us, "I have an open-door policy...If you look after staff they look after residents better...it's the commitment of staff...[which] keeps us going."

The registered manager continued to maintain a detailed oversight of quality and safety within the service. They told us, "I start my shift early, find out how the night has been...we work as a team [an] extended family." A highly detailed service development plan called the 'Manager's Workbook' had been implemented by the provider and was regularly reviewed by the registered manager and senior team. Auditing tasks were delegated to department leaders who contributed to the workbook and reported back to the registered manager. Quality assurance audits were completed regularly in areas including infections, falls, medicines, food safety and quality, complaints and hospital admissions. Results were then analysed for trends and in the overall development plan or 'Manager's Workbook'. This document was continuously reviewed and was effective in ensuring actions were completed within agreed timescales. Staff took ownership of their responsibility to drive improvements and felt empowered to work towards a vision of delivering high quality care.

Staff had maintained their creative approach to involving people, their families and the community in the service. Staff at The Heights and Downley Lodge planned and delivered fundraising events to raise the profile of the home and build community links to improve integration, as many people living in the home had lived locally. This included a quiz night which was well attended by local people. Staff partnered with local schools, a nursery and a supermarket to raise funds for the home. Children from the nursery were invited into The Heights each week to read stories and play with people, and staff from Downley Lodge had approached a local school to plan fundraising events. This inclusive approach meant care and support was in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Staff were encouraged to make suggestions for improvements and these were acted upon. A 'Magical Mystery Bus Tour' had been organised so people could travel between local places of interest whilst listening to music because of a suggestion from staff. Another member of staff had organised a sweets trolley to sell snacks and toiletries. This inclusive approach helped to promote a sense of community and independence within the home and gave people with restricted mobility the opportunity to choose items to buy instead of relying on relatives to bring these. In a further example staff had organised a clothes sale for people in the home, the proceeds of which were used for a comfort fund to purchase chosen items. The registered manager told us 10% of the proceeds from the last sale had been used to buy plants for the home's garden. They stated, 'During summer [people] decided to buy garden plants and we took part in the Fremantle in Bloom competition.'

The provider involved families in educational events as a means of supporting and helping them understand dementia, as well as contribute to service improvements. In September 2018 the provider's dementia specialist held an informal discussion event to provide support and guidance for relatives of people living with dementia. They told us this provided an opportunity for family members to make suggestions about care interventions for loved ones living with dementia. They said, "A [relative] said ...we could...offer cognitive stimulation therapy...using music...I sent [registered manager] an email about how he could input that method." During our inspection we observed this suggestion had been acted upon as the activities coordinator delivered weekly reminiscence and music sessions for people.

There was a reflective culture in the home and staff were open to discussing ways to improve practice. One staff member told us, "If I haven't done something right I own up to it" The registered manager maintained an up to date log of accidents and incidents. Records showed staff were supported to reflect on these and actions were taken promptly to prevent recurrences. Staff completed reflections in areas such as clinical care, falls management and medicines administration.

The registered manager and senior management team took part in a project run by the Clinical Commissioning Group to deliver improved health outcomes for people through integrated working. The registered manager told us that through this project they had liaised with a local GP surgery to arrange assessments by emergency care practitioners (ECPs) if doctors were unable to visit people. The registered manager gave us examples of how this had prevented people being admitted to hospital. They told us, "[There was a] Resident [with a] chesty cough...the ECP was sent out...we were able to start the resident on antibiotics within one and a half hours. The resident responded to the antibiotics and was clear of [the] chest infection within five days." This meant people could recover from illnesses in the comfort of the home as well as preventing potentially distressing admissions to hospital for people living with dementia.

Staff continued to work in partnership with professionals from different agencies to maintain high care standards. They had engaged with the local police service who visited the home regularly as part of the neighbourhood watch scheme. For a person who had been identified as being at risk of financial abuse through scam letters, staff had arranged for a police officer to work with the person in the home to explore risks as a way of safeguarding them. The home manager of Downley Lodge told us they had also invited a safeguarding practitioner from the local authority to engage in a forum with staff. They told us this provided an opportunity for managers to ask questions and seek guidance and support from specialists to ensure best practice was followed. This meant people were protected from risks as staff sought safeguarding support and guidance from specialist practitioners.