LWT Health Care Limited

Streatfeild House

Inspection report

Cornfield Terrace
St. Leonards-on-sea
TN37 6JD

Tel: 01424439103

Date of inspection visit:
25 November 2021

Date of publication:
06 January 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Streatfeild House is a care home providing personal care and support for up to 22 older people living with a learning disability and / or autism in one adapted building. At the time of the inspection there were 21 people living at the home.

People's experience of using this service and what we found
People received the care and support they needed safely. Staff had been trained to identify risks and to raise issues and concerns. Risk assessments had been completed covering all aspects of people's lives. Staff had been recruited safely and there were enough staff to cover all shifts. Medicines were stored and administered by appropriately trained staff and records were kept. Staff followed infection prevention and control procedures. Accident and incidents had been recorded and any trends identified and lessons learned shared with staff.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We were satisfied that effective measures were in place.

The registered manager carried out pre-assessments, making sure people's care and support needs could be met. People's needs were regularly reviewed. Staff received training relevant to support people and meet their needs. Staff supported people to meet their health and social care needs, working with other professionals and with the support of relatives, advocates and loved ones.

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

People were treated with respect and dignity by staff that knew them well. Staff told us about the importance of dignity and treated people the way 'you would like to be treated.' Staff were caring and people's privacy was respected. People's independence and choice was promoted without compromising safety.

Care plans had moved to an electronic system and continued to be written in a person-centred way. Care plan notes were updated by staff using handheld devices so the latest information was available to everyone. Consideration had been given to people's communication needs with the use of pictorial representations and signs in support of written information. A complaints policy was in place and accessible to everyone and we saw that complaints made had been addressed within set timeframes. End of life plans were in place for people who were able to take part in those discussions if they wished.

The registered manager had worked at the service in various roles for many years. They invested in a positive culture and everyone we spoke with was full of praise for the registered manager. The registered manager was aware of and had complied with their responsibilities under the duty of candour. Thorough auditing processes were in place overseen by the registered manager and the provider. Systems were in place to capture feedback from people, staff ,relatives and professionals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence. People enjoyed living at the home and were supported every day with a range of activities to suit everyone, some done in groups, others with one to one support and others independently. Independence was promoted with everyone being encouraged and supported to achieve their goals.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights. Maintaining people's dignity was central to everything we saw during our inspection. People were treated with kindness and had their privacy respected. People were provided with opportunities and were supported to live their lives as they wished.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff knew people well and were passionate about providing the best care and support for people. People, staff and relatives referred to the home as a family of people. Relatives told us of their confidence in the staff and the care provided which was a great comfort to them and that they were involved and were kept informed of even the smallest changes.

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

Rating at last inspection
This service was registered with us on 4 April 2019 and this is the first rating inspection. On 15 February 2021 we carried out a targeted inspection, looking at infection prevention and control.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Streatfeild House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.
As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Inspection team
The inspection was carried out by two inspectors.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received from the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with 10 people using the service and nine members of staff including the provider, registered manager, deputy manager, activities co-ordinator, cook and four members of car staff. We looked at four care plans and documents relating to risk, medicine management and auditing.

After the inspection
We continued to seek clarification from the provider to validate the evidence we found. We examined documents that the provider had sent to us electronically for example, two further care plans and the staff training matrix. We spoke with five relatives and three professionals.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had the skills and knowledge to recognise potential signs of abuse and take appropriate action.
- People told us they felt safe. A person told us, "Staff have been very good to me here." Asked if they felt safe, another person said, "Oh yes it's lovely the staff are great." We observed people to be happy and comfortable around staff they knew well.
- A member of staff said, "I would go straight to my line manager, I don't like it when residents are unhappy." Another told us, "I'd try and talk to people first but then would report. I know I can go to the local authority or CQC if I need to."
- There was a whistleblowing policy that was regularly reviewed with staff. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation, they work for is doing something illegal or immoral. A staff member said, "I usually go to managers, but I know I can raise things anonymously."

Assessing risk, safety monitoring and management

- Relatives were confident that their loved ones were kept safe. One relative told us, "Staff are focused entirely on keeping people safe. Particularly during the pandemic, they were quick to support with jabs and boosters and kept people so fit and well and happy." Another said, "They keep all people safe; I have no doubt about that."
- People had robust risk assessments with detailed guidance for staff in how to assess and reduce risk. This included risks linked to moving and handling, falls, eating and drinking, oral hygiene and skin care. People with specific health conditions had information on how to recognise they were unwell and what actions to take. There were some people who could also display different behaviours that required support. Staff knew how to recognise signs that people were becoming anxious and how to support with de-escalating behaviours.
- Staff had a good understanding of risks to people and supported them in ways that reduced these. For example, when people were at risk of choking staff sat with them when they ate or drank. We observed staff to be aware of their surroundings and constantly checking for risks such as trip hazards when supporting people.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring. People were part of regular fire drills and had their own Personal Emergency Evacuation Plans (PEEP's) to guide staff in how to safely support people from the building.

Staffing and recruitment

● There were enough staff to meet people's needs. We saw that staff rotas were regularly reviewed by the registered manager and deputy manager. Any vacancies due to annual leave or sickness were covered by core staff. Relatives and professionals told us there were always enough staff on shift to support people. A relative said, "Always enough staff around and long serving staff too, so they know people very well."

● The deputy manager told us that staffing was an area they had really worked on and as a result they had no staff vacancies and a team of bank staff and volunteers to support people if core staff were unavailable. Agency staff were rarely used, but when they were needed, relevant safety checks were completed as well as ensuring they had the right skill set to support people.

● One of the Director's told us, "Because staff have managers that are responsive, caring and look after their wellbeing, we retain our staff." They gave an example of a change to the rotas implemented by the management team in response to staff feedback. An extra staff member had been added to the afternoon shifts to ensure effective communication during handover's, while still maintaining people's safety. This change had received positive feedback from staff. During the inspection we observed enough staff on duty to support people with all aspects of their care and to respond quickly to any arising needs.

● Staff were recruited safely. All background checks had been completed before staff could start working at the service. This included references, previous employment history and Disclosure and Baring Service (DBS) checks. DBS checks ensure that potential staff do not have a previous history that would prevent them working with people.

Using medicines safely

● People received their medicines safely from trained and competent staff. Staff could only give medicines if they had completed training and competencies checked by the registered manager. This included observations and questions on how they would react to different scenarios.

● The provider had recently implemented a new E-MAR system, where people's Medicine Administration Records (MAR) were accessible on an online system. We observed a staff member using this system when they supported people with their medicines. These MAR records were clear, highlighted specific health conditions or time specific medicines and alerted staff if medicines hadn't been given. A staff member told us, "This system is so straight forward to use and also reminds us when a medicine is due which reduces errors."

● Care plans were also linked to E-Mar documentation and informed staff how people preferred to receive their medicines, what they could do independently and where they required support. We observed staff following this guidance when they supported people to have their medicines. We saw a separate protocol for 'as required' (PRN) medicines, for example, pain relief. PRN medicines were kept separately and we saw clear guidance for staff.

● Staff supported people to take their medicines which were ordered, received, administered and disposed of safely. People had choice in how they took their medicines, for example, in a spoon, in their hand or in food. Some people used topical creams which were kept in their rooms for them to self-apply when needed. Storage arrangements for medicines were secure and temperatures of storage areas were monitored to ensure medicines were stored at the correct temperature.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● The registered manager had a good oversight of accidents and incidents. They were reviewed monthly for patterns or trends. For example, it was recognised that one person had an increase in falls and an immediate referral had been made to a physiotherapist. Since their treatment, the occurrence of falls had decreased.
● We saw professionals had been contacted quickly following other incidents, for example with eating and drinking. A professional told us, "As soon as staff have any concerns, they contact us. They're very good at implementing our guidelines and seem to really get it. This is what keeps people safe."
● For all incidents, the management team continued to review actions taken to ensure desired outcomes had been met and to ensure no further actions were required. They also discussed these incidents fully with the staff team to ensure they were up to date with changes and part of improvement.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A thorough pre-assessment process was completed by the registered manager. All aspects of a person's care and support needs were discussed, assessed and recorded. The pre-assessment document formed the basis of people's care plans. The registered manager ensured that staff had the required skills and training to look after people.
- People, their relatives or advocates as well as professionals were involved in the pre-assessment process. The registered manager sent photographs of the home to relatives and supported visits before people moved in.
- Care plans were reviewed monthly and each plan was split into sections for example, communication, eating and drinking and medication. Each section began by focussing on what people's strengths were, what people could achieve independently followed by any support required. The plans were person centred, highlighting areas of ability first. A professional told us, "They were doing remote assessments during the pandemic, they managed this so well. No negative things to say about them."
- A section of the care plan focussed on people's preferred daily routines. These sections clearly mapped where and at what times staff needed to provide support or encouragement throughout the day and other times when people could be safely left. Each section of the care plan had clear risk assessments embedded to highlight situations where support was most needed.

Staff support: induction, training, skills and experience

- Staff told us about a thorough induction that had involved getting to know people and every aspect of the home. A staff member told us, "I did shadow shifts, health and safety training, got to know residents including their diets, mobility. We even spent time in the kitchen."
- The managers carried out spot checks of staff, unannounced supervision of their care and support practice. These were recorded and feedback provided. Managers also recorded how staff spoke with people and rewarded good practice by having a 'employee of the month' award. Ongoing staff support was provided by the registered manager through regular, three monthly, supervision meetings and annual appraisals. A staff member told us, "Supervisions are comfortable and a chance to speak about issues. The managers are very supportive."
- A training matrix confirmed that staff received regular training and refreshers with due dates highlighted to remind staff and for the registered manager to monitor. During the pandemic some training had moved to online sessions but most face to face training had now resumed. Training included for example, safeguarding, fire safety and food hygiene. A staff member said, "Manual handling has restarted and we've learnt a new way for hoisting which is really good."

● Most staff, including those in management positions, had worked at the home for several years. This provided continuity and staff knew people well. A professional said, "Staff clearly know their stuff and are well trained. They listen and want to learn."

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

● People were supported each day to choose the meals and drinks they wanted. A four-week seasonal menu was offered to people with a choice at each mealtime. People told us they enjoyed the food. Comments included, "Food is good," "They give you a choice" and "It's nice." People were given the choice to be involved in food preparation. During the inspection we saw people making waffles. People were able to choose what food they would like to buy for celebrations.

● Care plans contained details of people's nutritional and hydration needs. The Speech and Language Team (SaLT) had been consulted to ensure that everyone was being supported safely. In the kitchen there were charts that described seven levels of food preparation including food cut into bite size pieces through to puréed food. Each chart listed people underneath, according to their needs.

● Staff told us that communication was effective at the home with people being able to tell staff exactly what they wanted and when. The staff working in the kitchen knew people well and were able to tell us about people's likes, dislikes and nutritional needs.

● Quantities of food and drink consumed were recorded via a handheld electronic device after each meal, directly onto food and fluid charts within electronic care plans. This meant that managers could immediately identity people whose recommended daily intake was higher or lower than it should be. The records kept reflected accurately people's intake.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● People were supported with their health and social care needs and to access professionals when required. For example, visits to dentists and GP's and visits to the home from the SaLT team and occupational therapists. Monthly reviews of support needs identified any changing or new needs that people required help with.

● Relatives told us about the support their loved ones received in accessing health and social care support. One relative told us, "(Person) has been unwell before and as sometimes needs two members of staff for appointments and they always make sure this happens. Level of care is incredible."

● People and relatives were involved in helping to identify care needs and these were discussed at review meetings. A relative said, "We talk about care and wellbeing and any meds they are on, any difficulties they might be experiencing." A professional told us, "Very good communication. Always contact us with concerns and get us in for dysphasia (speech and comprehension issues) and communication concerns."

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

● The home was contained in one large building split over three levels with bedrooms on each floor. Each floor was accessible using a lift, stairs or a stair chair lift however care had been taken to assess people's mobility needs. A professional told us, "When people have deteriorating mobility, they moved to a downstairs bedroom, to support, it's just lovely."

● There were several communal areas located on the ground floor of the home and people had a choice of where to spend their time. The rooms were clean and recently decorated and each provided access to televisions, music, activities and were areas where we saw people enjoying spending time with other people.

● Throughout the home, on walls in every communal area, there were photographs of staff and people and pictures that people had done. There was a homely atmosphere to the home. People were able to personalise their bedrooms and chose wallpaper, paint and carpets themselves. Bedrooms had people's personal items, photographs and pictures of their choice.

● The service had a small but well-maintained garden area which people enjoyed using during the summer. We saw a raised flower bed that had been specifically designed to enable people who used wheelchairs to be able to use and tend. Gaps had been created on each side of a raised bed so four people could work at the same time.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were supported and encouraged to make decisions and choices each day. For example, what clothes to wear, what to eat and drink and what activities they would like to do.
● We were shown, within care plans, mental capacity assessments that were decision specific and relevant to people's needs. For example, most people had had assessments carried out relating to their understanding about their finances, others regarding consenting to personal care. In each case we saw documented that relatives, people and staff were involved in making those decisions.
● Staff were aware of the importance of gaining consent from people who varied in their capacity to make day to day decisions. A staff member described a situation, "Always give options and tell them what I'm doing. Communication is very important. Consent sometimes from body language, a hold or squeeze of the hand. I'll always stop if they say no." Another staff member added, "Everyone is individual and responds differently. They all have an opt out clause if they do not want something!"
● Some people were living with a DoLs in place. We saw documents relating to this in care plans and the registered manager had notified CQC when applications had been authorised.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People were unanimous in their views of staff, in that they were friendly, kind and caring. Comments included, "I love it here. Staff are so lovely". Relatives spoke very highly about the caring nature of staff. One relative told us, "It's an absolutely amazing place. They give a lovely quality of life; staff are just lovely. They see their job as their vocation and are there because they care. Bottomless giving to others. So much love for people. I don't know how else to describe them but absolutely outstanding."
● We observed that positive relationships had been built between people and staff, based on trust and mutual respect. People and staff greeted each other cheerfully and spent time engaging in activities. There was always lively conversation and it was evident that people and staff had gotten to know each other well. One staff member was celebrating their birthday and all people and staff got involved, singing and cheering.
● Staff demonstrated concern for people's wellbeing and responded quickly to their needs. For example, one person appeared agitated and staff quickly recognised that the area they were in was too loud. They supported the person to move to a quieter room and we observed that this had an immediate positive impact on the person.
● Staff supported people and respected their diversity. A member of staff told us, "We talk about faith although no one here at the moment has needs. Have had in the past and a priest used to regularly come in." A professional talked to us about how staff respected equality and diversity and always kept people at the centre of their care. They said, "They have managed to keep the service very person centred despite the size of the home. All people are treated equally and individually and appear very happy."

Supporting people to express their views and be involved in making decisions about their care
● We observed staff asking people how they were and how they wanted to be supported. Care plans included people's involvement throughout, with their views documented for all elements of their care.
● One relative described to us how involved their loved one was with meetings and reviews and that their opinion really seemed to matter to staff. They said, "We went to a recent review where we talked about care and wellbeing, any medicines or any difficulties they might be experiencing. My relative joined us too and was very engaged with staff and the social worker. They (staff) really listened."
● In addition to annual reviews, people were involved in regular meetings. Records were kept of conversations which included a resident's aspirations list. People's wishes were recorded and an entry made when something had been achieved. This included, seeing relatives, going out for a meal and going on a trip to the beach.

● There were also two suggestion boxes where people could make comments anonymously, either in writing or with the support of pictures. One was for the registered manager and staff and the other for the directors, so that they could also receive feedback from people.

Respecting and promoting people's privacy, dignity and independence

● We observed staff respecting people's privacy throughout the inspection. This included knocking on doors and asking people's permission before entering. Staff ensured conversations about people were held privately so confidential information couldn't be overheard. People's care plan information was accessible to staff only on a password protected online system. People were able to access care plans which were then updated during reviews.

● One person told us that they didn't want to wear a specific item of clothing to support them with oral health as they felt it was undignified. They explained that staff sourced an alternative which supported the person's wellbeing and promoted their dignity and that they were very grateful for it.

● We saw people being encouraged to be as independent as possible and staff told us this was important when supporting them. One staff member said, "I'll always prepare the room first (before personal care) to give people a chance to more easily do things for themselves."

● A professional praised the staff for encouraging one person to be more confident with mobilising. As a result, the person was now mobilising independently around the service and had a bedroom upstairs that they really enjoy. The professional said, "They (staff) really promote independence. They always ensure skills are developed and maintained and really understand why it's so important. They make such an effort."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was provided in a person-centred way. Each section of every care plan began describing what people could safely achieve themselves before going on to describe any support needed. For example, some people were able to use the bathroom safely but required support in reaching the areas they needed to access. Levels of support were clearly recorded for each person and each activity.
- During the inspection we observed interactions between staff and people that clearly demonstrated that staff knew people well. We saw a member of staff approach a person who had just spoken on the telephone to a relative. The member of staff said, "How's your mum? Is your brother alright?" The person responded saying, "I love you." Another staff member said to a person, "Only a week till your sister visits." When the provider approached people and spoke to them, everyone reached out and smiled, clearly pleased to see them and engage in conversation.
- People felt comfortable with staff. We observed one person sat alone who was approached by a staff member who asked, "What do you want to do today? Would you like your nails painted?" They offered to take them to another room but the person indicated they were happy and they wanted their nails painted later." Another person told us, "I love it here. Staff are so lovely."
- Relatives and professionals confirmed the depth of knowledge staff had about people and their positive interactions. A relative said, "They have known her for so long, they know the family they are so switched on. They are not staff, they are family." A professional told us, "They are very responsive to people's changing needs. We know instantly when things have changed."

Meeting people's communication needs

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

- In all areas of the home there were photographs and pictorial representations to help support people with their communication needs. Easy read posters, with pictures and words were in all communal areas and easy read guidance posters were in bathrooms to remind people how and when to wash their hands and sanitise.
- The provider had purchased electronic communication devices. Everyone had access to screens where they could see and speak to relatives and loved ones. Voice activated electronic devices were also prevalent throughout the home. The registered manager told us that at Christmas and special occasions when they are celebrating, they invite several families to attend virtually and they described how a party atmosphere

was created.
● Photographs of each staff member on duty on each shift were displayed in the hallway of the home so people knew who, each day, was there to support them. We observed staff communicating with people. Some people needed more time to listen and respond and staff were patient, spoke clearly and used hand gestures to confirm somethings they were saying.
● During reviews of care plans and when updating risk assessment, easy read documents were introduced where required to support people to be involved.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The home had a full-time activities co-ordinator who had worked at the home for several years and who knew people well. Throughout our inspection there were a range of activities for people to be involved in if they chose. Comments from people included, "It'll soon be Christmas, we always have a party, it's great," "There are lots of places you can go here, if you want quieter time" and in response to a singing session, "Here we go!"
● People had person centred activity plans that were reviewed monthly by the activities co-ordinator. The plans had monthly aims for example, to meet social needs and to engage in group activities. The plans also highlighted what and who were important to people which included relatives, birthdays and festivals.
● Some people joined in group activities for example, singing, dancing and cooking. At the end of one singing session everyone in the room cheered. Others were engaged in crafts for example, stitching, drawing and colouring. A quieter room was available to people who chose individual pursuits for example, completing puzzles, knitting or listening to music. Everyone was offered choice and everyone was supported in what they chose to do.
● In the dining room a large television screen displayed a loop of changing photographs of people engaging in activities and events for example, gardening, birthday parties and trips out of the home. We saw people watching these changing images and smiling and reminiscing with each other. People were supported to go out on trips if they wished. A relatives told us, "They even took a few people away on holiday." Another said, "They have summer fetes, Christmas parties and coffee mornings."

Improving care quality in response to complaints or concerns
● The home had a complaints policy that was available and accessible to everyone. Easy read versions were available. A relative told us, "Id' go straight to the manager but I do know there is a process to follow. I could contact CQC if needed." Another said, relating to complaints, "It would never happen but I know I can approach (provider) or a manager."
● Few complaints had been made but, in each case, they had been investigated within timeframes indicated by their policy. We saw feedback to complainants and records of outcomes.
● People had opportunities each day to raise issues or concerns as they spoke with staff.
● A person was supported to write a letter of concern following a recent visit. Staff had helped the person to write the letter, clearly indicating the issue and asking for feedback.

End of life care and support
● No one was in receipt of end of life care at the time of the inspection. Care plans had a section relating to end of life and recorded any decisions made by people and their relatives and loved ones. Not everyone wanted to be involved in those discussions and that had been respected. A relative said, "I've had a conversation and I know they want us there if possible and not to be alone."
● Although there was no specific end of life training provided, most staff had completed courses either previously or on request and all were able to tell us about the important aspects of providing care at that time of their lives. A staff member said, "I have completed training. It's important to spend time with them

and talk to them." Another told us, "Like families, everyone is different. Staff here will take it in turns to sit with people, making sure they are comfortable."

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People were in receipt of person-centred care. We saw during the inspection examples of people being encouraged to be independent, to choose what they wanted to do and receiving the support to achieve their wishes.

● The registered manager and the management team had all worked at the service for several years. They provided support for each other and knew people well. Staff spoke highly of the registered manager, one said, "Good, very helpful to staff and residents." Another told us, "It's like a family, everyone has been here for a long time. They have a very good understanding and are supportive."

● Another member of staff told us that for welfare reasons they had been supported to change their shift pattern, enabling them to work the same hours but covering more days each week. This change was made with no impact of the care provided to people but it enabled the staff member to maintain a better work / life balance.

● Relatives and professionals echoed these views. A relative said, "(registered manager) has done all the roles here. Their care is exceptional." A professional told us, "The registered manager is great ,they involve us and want to make sure people are well looked after." Another added, "I think she's outstanding. She always replies to calls and e-mails. It's so easy to make appointments and get updates. They always have enough staff to support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Throughout the inspection the registered manager was open, honest and enthusiastic about the work they had done at the home. The registered manager understood the duty of candour, a legal responsibility to inform CQC of events that affect the home. This responsibility had been fulfilled.

● The home ran a key worker program which involved staff taking additional responsibility for some people an ensuring all their needs were met. A person came to the office and indicated towards a staff member, "That's my key worker, she's very, very good."

● A thorough system of auditing was in place overseen by the registered manager and provider. The majority of auditing was monthly and included for example, health and safety, pressure care, activities quality assurance and medicines. These were carried out by the registered manager and deputy manager and every three months the provider conducted their own audit. Every six months the provider had arranged

a mock inspection which enabled further quality checks to be carried out on auditing processes.
● Everyone spoke of a positive culture at the home and a constant visible and supportive presence of managers and provider. This created a family feeling to the home where people were seen to be relaxed and at ease when speaking to any member of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was a regular program of meetings at management and all staff level and monthly meetings for people. Staff meetings were held monthly, were minuted and lists of actions created. A staff member told us, "We have daily handovers and monthly team meetings. Staff completed staff surveys every six months.
● The activities coordinator chaired the monthly meeting for people and there were opportunities for people to discuss their favourite activities, what visits had taken place and any other issues they wanted to discuss. People were supported to complete questionnaires covering many aspects of the home including what they thought about staff, food, activities and any suggestions they had for changes. The results of the most recent survey were very positive in all areas and were displayed in a communal area of the home. As a result of meetings with people a new summer house was purchased and all internal decoration was chosen by people.
● Relatives told us there were many ways to provide feedback about the service. A relative said, "Daily communications are really good. I get phone calls about optician and dentist appointments for example and they will always listen to my views." Similarly, professionals, told us they were listened to and their advice acted on. We saw feedback forms with positive comments from relatives and professionals and a compliments folder containing many cards and copies of e-mails.
● People's equality characteristics were discussed at pre-assessment and were kept under regular review. A section within care plans referred to relationships with others, considered faith, cultural needs and any dietary requirements.

Continuous learning and improving care
● The registered manager told us their vision was about providing better support and care for people, to look for new ways to support people. For example, the recent move to the recording of electronic care plans had improved staff accessibility to the latest updates for people. Another recent innovation was the introduction of an 'interactive board,' a sensory board where people could enjoy exploring shapes, colours and textures.
● The registered manager had joined online forums and webinars designed to support managers in their role. They also told us they kept up to date with the latest guidelines from central government, the local authority and the CQC.

Working in partnership with others
● The provider and wider management team had established positive working relationships in the community and with statutory partners and professionals. Professionals said, "The (registered) manager is great, they really involve us and want to make sure people are well looked after," and "Very good communication. It's so easy to get updates and make appointments and get updates."