Stow Healthcare Group Limited

# Stowlangtoft Hall Nursing Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Outstanding ☆ |

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|---|---|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Outstanding ☆ |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Good ● |

# Summary of findings

## Overall summary

Stowlangtoft Hall is a residential care home with nursing that provides accommodation and personal care for up to 44 older people, some of whom are living with dementia. There were 37 people living in the service when we inspected on 8 and 9 October 2018. This was an unannounced comprehensive inspection.

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

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with 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.

We previously inspected this service in January 2016 and rated it Good overall. Since that date the provider, a family company, changed their company name from Stowlangtoft Healthcare LLP to Stow Healthcare Group Limited. This resulted in a new registration for the provider and the 'archiving' of the previous rating. At this inspection we found that the home had developed further and we have rated both the key questions of responsive and caring Outstanding at this inspection. The overall rating is Outstanding.

People received exceptionally personalised care and support. Activities staff were especially enthusiastic and went to great lengths to understand people's hopes and wishes. Creative ways were found to enable people to live full lives. People were encouraged to do things they enjoyed and found meaningful, this included social activities based on people's interests. Group and individual activities were on offer and excellent links had been forged with local groups who were regular and popular visitors.

Staff had an excellent appreciation of people's individual needs and wishes. People were supported by staff who were exceptionally kind and caring. Staff across all departments took care to ensure all their interactions with people were meaningful. There was a strong family ethos across the service, staff were creative in their efforts to ensure people were not socially isolated and were able to retain the personal relationships that mattered to them. People's individual religious and spiritual needs were recognised and met. The care people received at the end of their lives was excellent.

There were sufficient staff on duty with the right skills and knowledge to provide the care and support people needed. Staff spent time with people, both during care tasks and at other times throughout the day and people's care was not rushed. People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

Staff understood their responsibilities for safeguarding people, including recognising signs of abuse and harm and how to report. Medicines were stored and managed safely, and were administered as prescribed.

Staff, on occasions, didn't sign to state they had administered people's topical medicines or that they had supported them with drinks. This was actively being followed up by the registered manager.

The service was clean and very well maintained, with regular health and safety checks and up-to-date servicing. People were protected from the risk of infections by staff who ensured that the environment was kept clean and infection control procedures were followed.

People were supported to maintain their health and prompt action was taken by staff to refer people to healthcare professionals when they became unwell or their health needs changed.

Concerns and complaints were viewed positively and seen as an opportunity to bring about improvement. The provider had quality assurance processes in place, which helped to maintain standards and drive improvement. People who lived at the home, relatives and staff told us the service was well led. Staff were aware of their roles and responsibilities and were well supported.

## 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.

There was a culture of learning from mistakes and an open approach. Incidents, accidents and safeguarding concerns were managed promptly and investigations were thorough.

Staff had been safely recruited.

Staff knew the correct action to take if they witnessed or suspected abuse.

### Is the service effective?

**Good**

The service was effective.

People's care and support needs had been assessed and the staff team had the skills, knowledge and support they needed to be able to meet those needs.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People's care and support needs were met by the adaptation, design and decoration of the premises.

### Is the service caring?

**Outstanding** ☆

The service was very caring

Staff treated people with exceptional compassion, kindness, dignity and respect.

People's privacy was consistently respected and promoted.

People were actively supported and encouraged to express their views and be actively involved in making decisions about their care and support.

### Is the service responsive?

**Outstanding** ☆

The service was extremely responsive.

People or their relatives or representatives were fully involved in their care and support.

There was a very strong emphasis on the provision of activities to meet people's individual preferences.

Processes were in place to ensure people would receive care which was dignified and compassionate at the end of their life.

## Is the service well-led?

Good

The service was well-led.

The registered manager led by example and inspired the staff to provide the best possible person-centred care and experience for people.

Audits and monitoring tools were in place and used regularly to assess the quality of the service.

There was a strong emphasis on continually striving to improve the service.

The registered manager and the provider actively sought feedback, and used this to shape the future of the service.

# Stowlangtoft Hall Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 8 and 9 October 2018 and was unannounced. The inspection team consisted of three inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of five people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with nine people who live at the home, three members of care staff, a care home assistant practitioner, a registered nurse, activities staff, the head housekeeper, the deputy manager, the chef, the registered manager as well as two of the directors of the provider company and a visiting healthcare professional. We also spoke with relatives of five people currently living at the

home and one healthcare professional. After our visit we received feedback from a further three relatives and two healthcare professionals.

Good

# Is the service safe?

## Our findings

People living at the home service told us that they felt safe. One person said, "The carers are so kind." Another person told us, "I feel very safe here."

Staff spoken with confirmed that they had received training to enable them to recognise and respond to abuse if needed. Staff gave us examples of signs and changed behaviour that might raise suspicions people had been harmed. They were also clear about their obligations to report any concerns or suspicions to senior staff or, if they were unable to do so for any reason, to the providers or local safeguarding team.

Care plans we reviewed showed that risks to people's safety and welfare were assessed and there was guidance for staff about minimising these risks. This included risks of developing pressure ulcers, of not eating and drinking enough and associated with people's mobility. We were informed that a person had been admitted to the home with a pressure ulcer already having developed. The management team told us that they were successful in preventing this from deteriorating and it was stable. We noted that people at high risk had pressure-relieving equipment such as mattresses and cushions in place. Staff checked these regularly to ensure they were working properly and at the right setting to give people the protection they needed.

The chef was able to tell us who required their food prepared in different ways to minimise the risk of choking and had the information in the kitchen for reference. They knew who required their meals fortifying to increase their calorie intake and help minimise weight loss and could explain how they did this. They had information about who was at risk of poor nutrition and had lost weight. The chef told us that they normally came into work before their shift started so that they could attend staff hand over and that there were other meetings where people's needs and concerns were discussed. They were confident that risks to people from poor nutrition were known and addressed and they were up to date with any concerns about people's diets.

People were mostly positive that there were sufficient staff to meet their needs in a timely manner, the exception, some people felt, was when staff were particularly busy, for example at mealtimes. One person told us, "There are enough staff, if I want something they are very good." Another person said, "When I ring my bell, it depends on the time of day how long it takes for them [care staff] to respond."

Staff spoken with told us that they thought there were enough staff to ensure people's safety. They explained that, if it was necessary to use agency staff, they allocated them to work alongside experienced, permanent colleagues. This contributed to managing risks of people receiving unsafe care.

During the afternoon of our first inspection visit, we noted that one person's call bell rang for close on five minutes before staff responded and cancelled the alarm. At all other times however, we noted that call bells were generally answered sooner and that staff had time to spend with people and were not task focussed. The registered manager kept a log and audit of call bell times which showed at times it could take over five minutes for call bells to be answered however people spoke of minimal impact of this on them. One person told us, "I ring that big orange button if I need anything, the time they [care staff] take varies, they don't take

too long, meal times can be difficult. If you needed a lot of assistance it would depend, but there is always someone around to help you."

There was clear information on a whiteboard in the nurses' station about how they had deployed care staff around the home so ensure proper cover. We noted that a member of the care team was deployed during the afternoon to support the activities coordinator with playing games with people. They told us that care staff did support them when they asked and that the registered manager was trying to ensure allocation of a member of the care team to assist with group activities during the afternoons.

A member of nursing staff told us how they valued the new role of "care home assistant practitioners" (CHAPS) which had been introduced within the home. These were care staff who received additional training and could share additional responsibilities in meeting people's needs and promoting their safety.

Staff spoken with confirmed that they had training in safe working practices, such as using moving and handling equipment, first aid, and infection control.

A member of the nursing staff told us that they had their competence to administer medicines safely assessed by another member of the nursing team. However, we found that there were shortfalls in the recording of creams that care staff applied to people's skins, known as topical medicines. These did not always confirm that staff applied the creams or lotions as the prescriber intended. Staff recorded the application of these creams on charts in people's rooms but there were omissions in the records. For another person, we noted that staff were expected to apply a product to protect their skin when necessary. We found that some staff had recorded, 'not applied 'on the chart, but did not explain why this was. The nurse we spoke with said they expected staff to record that it was not needed. We spoke with the registered manager and staff about the gaps in recording. Staff were confident that people were receiving their topical medicines as required but were forgetting to sign the records. The registered manager was addressing this with staff through meetings and one to one supervisions. We noted from people's care records that where people required the creams, any skin conditions were improving, which implied that the creams were being applied as prescribed.

Appropriate equipment was in place to meet people's needs including call bells and pressure mattresses. Equipment and the lifts were regularly serviced and in a good state of repair. The records for electrical portable appliance testing, gas safety and electrical installation were all up to date.

Staff had access to protective gloves and aprons to wear when they provided people with support and assistance with their personal care or continence management. This contributed to minimising the risk of spreading infection. We noted that there was no hot water running to one washbasin in the women's toilet at the front of the home. However, there was an alternative washbasin immediately next to this so that staff, visitors, or people living in the home could wash their hands properly.

A member of the nursing team told us that people who needed to use a hoist to assist with moving and transferring safely, had their own slings. They said that people also had their own "glide sheets" where these were needed to support people to move and change position. This contributed to reducing the likelihood of cross-contamination should there be an outbreak of infection.

Good

# Is the service effective?

## Our findings

People's records showed that staff assessed their care and support needs with them before they moved to the service. Staff clearly knew people very well and were able to tell us about people's needs and what they needed to do to meet them.

Staff received regular support through supervision. Supervision is needed to ensure staff have the opportunity to discuss their performance and development needs. Staff confirmed that this happened around once every two months. They also told us that the registered manager and deputy manager were accessible to them and that they could raise issues or concerns at any time.

Staff confirmed to us that regular training needing renewal and update, such as in moving and handling, first aid, and fire safety, were updated regularly. The registered manager and provider were passionate about the development of staff and giving them the opportunity to attend training to meet their personal development needs. One member of staff told us, "We've had a dementia trainer in. We all wore different glasses and had things on our feet. It was for us to get into how a person with dementia feels. I've also had some scenario training and some assistance with meals training so we know how it feels. To make staff look at people with dementia as individuals and think outside of the box."

The activities coordinator told us that they and a colleague were enrolled in training offered by the National Activity Providers Association (NAPA). This contributed to ensuring they had underpinning and specific knowledge and training for their roles.

A member of the nursing team told us that the providers were supportive of them identifying specific training they needed to support their clinical expertise. They told us that they had sourced training in the verification of expected death. They had also completed training in the use and setting up of syringe drivers so that they would be better prepared to support people with these when they came to the end of their lives.

The management team told us that some nurses took lead roles so that they could provide advice and support to the staff team about specific issues. A nurse told us that the deputy manager and another staff member had specific additional training and roles in tissue viability so that they could provide clinical advice in this area.

People were mostly very positive about the food. One person told us, "The food's quite nice, I don't always like what's for breakfast so if I ask for eggs on toast I get it, they always try and accommodate you, they are very helpful." Another person said, "The food is okay, what suits me doesn't suit another. The other day there was a choice of two, and I didn't like either of them, so the [care staff] went and came back with a ham omelette and all sorts, it was lovely. The menu always offers fruit salad every day." Another person, however, wasn't keen on the menu being changed, preferring it to stay as it was. We found that the menus offered choices and that people readily had access to alternatives should they request them.

One of the company directors told us how they tried to create a "restaurant" atmosphere in the main dining

room. We observed that this happened, creating a pleasant mealtime experience for people. A recent initiative at the home meant that staff were now taking it in turns to have a meal with people in the dining room so they had the opportunity to sit with people and engage on a more social level.

The chef served people's meals from a 'bain-marie 'trolley to keep food hot and we saw that staff offered people choices. We observed one person who was not eating at all and sitting at the table with their head down. Staff intervened quickly to offer them a different meal, which they ate willingly and independently. The chef told us that there were always alternatives such as jacket potatoes or omelettes. On the first day of our inspection visits the main meal options were, Quiche Lorraine or Vegetable Bake. The chef said they had also said they had served four omelettes, some jacket potatoes, goujons and pizza. We asked if this might indicate that the two main options on offer were not popular and they told us that they were considering whether possibly it should be changed, because of the numbers of people selecting other items.

Tables were laid with cloths, napkins, and condiments so that people could help themselves. Each table had a menu displayed so that people knew what main options were on offer. As each person arrived in the dining room they were offered a drink of water, fruit juice, wine or beer. A member of staff then approached each person with the choice of using a disposable wet wipe to cleanse their hands before their lunch was served.

Where people were more physically active and may move around the home independently, or wish to sit with visitors, we saw that there were bowls of fresh fruit and packets of snacks they could access freely. People were offered homemade cakes and staff offered people drinks regularly. Staff also placed jugs of drink and glasses in areas where people might sit so they could help themselves.

There was variable practice in monitoring and recording people's fluid intake. Staff used a chart named 'my thickener protocol and recording form'. A column on this was annotated to show it should record what people had consumed. The deputy manager told us that the monitoring chart should contain all of the drinks that a person had accepted. We found that this record did not contain an ideal target amount for people to drink, or show that people had accepted a healthy amount of fluids for their wellbeing.

Despite this, when we spoke with staff, they were knowledgeable about who needed assistance with drinking and a member of staff told us how jugs of drink were filled each day so they knew the base line people were starting with. The registered manager and provider told us immediately after our visit, "We issued clear directions to staff today on how to calculate target ranges for each [person] and we have now added this to the care plan and fluid charts for all [people] on thickeners or at risk of dehydration." The recording of the fluid intake is important so that accurate records are available in the monitoring of people's nutritional well-being.

A visiting health professional told us that they felt staff consulted with them appropriately. They were confident that staff sought their advice and necessary treatment promptly when people's needs changed. They also told us that they felt staff implemented the advice and treatment they recommended to promote people's wellbeing and cared for people well. They said that they made regular visits to the home but knew, if the nursing staff requested a specific additional visit, there would be a valid reason. They explained that a member of the nursing team was made available to them to assist with their visits, and had the information required about people's health and wellbeing.

A member of the nursing team explained how they felt that the additional training for, 'care home assistant practitioner '(CHAP) staff had enhanced their understanding of the information a doctor might need before they made a referral. They told us, "The CHAPs understand more now and that they can't just phone to say someone is not well." They went on to explain that those staff were trained to make additional observations,

for example about people's blood pressure and temperature, so they had more detail about people's health and wellbeing before referring to health professionals.

The home is a large mansion within seven acres of garden sitting within mature woodland. Many of the original features of the house and garden have been preserved and the grounds are bordered by the 1000 acre Stowlangtoft Estate. People benefited from a large range of very well maintained and accessible communal areas in which to spend their time, if they did not wish to remain in their rooms. These were airy and spacious, with most overlooking the surrounding woodland. The providers had also created a small coffee bar area where people could sit with visitors or others using the service. There was also a large "orangery" within the grounds which people could use to extend their access to the external grounds when the weather was not as warm. There was a covered terrace along part of one side of the home and photographs showed how people also made use of this welcoming space.

There was a notice on the front door to remind people it might not be safe to go outside without staff. The providers had ensured this was available in a different language to meet the needs of one person for whom English was not their first language and who might need reminding about their safety.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We heard staff asking people if they needed assistance, for example to eat or drink. Care records contained information about people's capacity to understand the care they needed, and were clear and specific about staff needing to seek people's consent. We found that records took account of who was legally entitled to consent to care arrangements if a person lost their capacity. They were clear about the need to provide information showing legal authorisation. Records included information about who could be involved in establishing what was in a person's best interests.

Outstanding ☆

# Is the service caring?

## Our findings

People and their relatives gave exceptionally positive feedback about the quality of care provided at Stowlangtoft Hall. One person told us, "I'm a bit at a loss about how I got here, but I know I can't look after myself now. They [staff] do it well." Another person told us, "I can't believe the care I get, it is indescribable, it is unwritten. It is marvellous, surpasses anything I can think of. All the [staff] care about you and I can be such a nuisance. They look after me so well and they [staff] work so hard."

We were told by many relatives about the care their family member received at Stowlangtoft Hall with those relatives describing the care in outstanding terms. One relative said, "Overall, and perhaps most importantly, we have been impressed by the way the staff genuinely seem to care for [people] and are both kind and generous with their time." Another relative commented, "My [family member] received excellent care and my family and I have nothing but praise for the way all the staff, nurses, carers and managers looked after them."

Care and compassion was at the heart of the ethos of staff's practice and fundamental to the care people and also their relatives received. One relative described in a letter to the home how the care at the end of their family members life at the home also extended to the wider family as well, 'We were warmly welcomed and encouraged to stay all day and through the nights. We were offered blankets, pillows and tea trays at all hours and were even given toast, butter and jam at 3am to keep us going. All the staff on duty during that time were compassionate, supportive and discreet, checking regularly but also enabling us to be together as a family so we could spend peaceful time with [family member] as her life was ebbing away' This demonstrated that staff and cared about people's opportunities to spend quality time with their relatives not only when well but also at the end of their lives too.

Staff understood the level of care needed to ensure a truly person centred service was delivered to people. This involved understanding and recognising the small detail that was vital and unique to each person. We were told how staff re-arranged the bedroom of one person who was at the end of their life. This was so that the persons relative could sit to the side of their family member which enabled them to have maximum contact and physical closeness which had always relaxed the person.

Care plans included clear and person centred guidance for staff about how they should support people with their personal care preferences. This included detailed information about ensuring staff covered people appropriately while they provided care. This contributed to promoting people's dignity. People's care records reflected the importance people attached to the way they liked to dress and their personal appearance and style which promoted their individuality. Plans also clearly reflected what people could do for themselves and how staff should encourage and promote their independence. Staff had identified within records, one person for whom aspects of their care raised significant anxiety. Their care plans reflected the support that staff might find it difficult to provide and the importance of building a relationship with people to secure their confidence and trust in staff.

People and their relatives were supported to be involved in discussions and decisions about their care. We

could see from both records and daily notes, how staff discussed options with people about their treatment and how family members were involved. Care records also showed that staff asked people whether they wanted their family to be involved and included in discussions and decisions.

People told us how staff respected their right to retain their independence for as long as possible. One person told us, "Everybody is so friendly, nurses and carers. I think they like me, and I get on very well with them all. They vary in age and are very good, especially the nurses. They come around with a little mobile shop that sells toiletries and such. Over the years I have got to know a bit about the[staff] and that's important. They encourage me to walk."

Another example of the promotion of independence was described to us when during some snowy weather one person told a staff member how they wished they could still go outside and build a snowman. Staff recognised that there was no reason why this person couldn't still do this so the person was supported, with staff assistance, to go outside and build a snowman. We were told how the person even threw snowballs at staff and afterwards said, "I didn't think I'd ever do that again at my age [of 93]!"

Staff encouraged and actively supported people to maintain relationships they had prior to moving to the home and to keep in touch with their families and friends. Staff took a creative approach to supporting people so they did not miss out on important celebrations such as weddings or family parties. For one person, whose family lived a distance away, a staff member came in to the home specially to set up a video call so the person was able to join in a family celebration. Another person was able to watch a relatives wedding via a video call which was broadcast for them by staff when they were not well enough to attend. This helped people keep in contact with those who mattered to them.

The provider was proactive in setting up a snooker table at the home for another person who loved to play a game with their family members prior to moving into the home. This enabled them to continue with social events with family members and supported maintaining relationships that were important to the person. Friendships that developed between people whilst living in the home were also actively supported and the provider and staff extended this to promoting a social mealtime experience. Tables were moved in order to facilitate friendship groups and socialisation.

We observed that a staff member took time with one person who was bothered about having forgotten something they had been involved with recently. The staff member offered reassurance that perhaps the person had been too tired, not to worry about it, and went through what had happened with them again. The person remained calm and in good humour having received the reassurance.

People were asked what was important to them and action was taken to ensure this was recognised and reflected. The home had a key worker system in place which enabled close relationships to be formed between people and staff, especially where they had a shared interest. We were told of one example where a person who used to ride horses was paired with a key worker who owns and rides horses so the keyworker can support the person to maintain that interest in their life. With this shared interest, the key worker supported the person to participate in activities involving animals including visiting donkeys', horse and carriage rides to the home, as well external visits to stables to visit horses. This demonstrated that staff cared about people's interests and life experiences and what was important to them and had went the 'extra mile' to provide meaningful engagement on an individual basis.

To aid people with expressing their views, preferences, wishes and choices about their care and support the provider held monthly forums, for people, chaired by the registered manager and attended by other departments within the home such as activities or catering as appropriate. Within these meetings people

were actively encouraged to express views on any issues they would like to see addressed. Minutes of all meetings were used to formulate an action plan to ensure people's views were followed up. We were told how a group of people formed a committee to help plan and shape a 'beach week' held at the home which included miniature donkey visits, beach games and a ballroom experience. We saw photographs of this event which were on display in the home on the day of inspection.

We saw that staff spoke with people in a polite and respectful manner. They also valued and appreciated people's privacy, when they were in their rooms, by knocking on people's doors before entering. We also noted that a staff member announced their presence to a person with impaired vision and explained to them why they needed to enter the person's room before checking they agreed. One person's relative told us, "I have been present when the carers have been with [family member], they have all treated [family member], with dignity and respect. My [family member], will always comment when they have left the room that they are all lovely and can't do enough for them."

We saw that there were 'hotel' type notices by people's doors that staff could place on them so others did not disturb them while they delivered care or if people wanted to be on their own with relatives. One of the directors told us how this was implemented in response to a suggestion about enhancing privacy.

Staff used a variety of tools to communicate with people according to their needs which also included the use of technology. One person who had a specific need was encouraged and supported by staff to use a 'virtual assistant' in order that they could independently tell the time and select their own music to play using their voice. Another person was also supported to use the same system to read them the latest news headlines each day, this enabled them to keep in touch and up to date with life outside of Stowlangtoft Hall.

The provider took a proactive approach to ensuring that people were aware of their human rights and their right to independence. Information sessions were provided that people attended on topics ranging from safeguarding around financial abuse to fire safety and data protection. The provider told us, "Through these sessions, [people] are being given to tools to encourage their dignity and independence, and to [let them know] they have a contribution to make."

Outstanding ☆

# Is the service responsive?

## Our findings

People's needs were met in a highly responsive way. Staff clearly had an excellent understanding of people's diverse backgrounds and a skilful way of responding to their individual needs. A person we spoke with told us, "In the morning I either ring my bell or they [staff] come into me around 7 am and ask if I would like a shower or for them to come back later. It's my choice."

One person's relative told us, "[Family member] gets everything they want. They could not want for anything else [at the home]." Another person's relative told us, "Staff are always willing to help whatever. Family member [likes their care in a very particular and individualised way], staff are never impatient with [Family member]." A third relative told us, "They know what [family member] likes. Most important of all to them, they have their half a pint of beer with their dinner."

Staff were able to give examples of when they had gone the extra mile to enhance people's well-being and be thoughtful about their emotional needs. A member of staff who was supporting a person with their personal care and clothing styling told us, "I knew that a particular day was the anniversary of the day [person] lost their [spouse]. The person knew that I knew and I helped them to dress and look extra special. They wanted it that way, so they felt special all day inside. We are encouraged here to interact with people like that."

People had detailed and personalised care plans which clearly described the care they needed. They were fundamental to keeping staff updated and to promote people's emotional and physical care needs, as well as their choices and preferences. Wherever possible, people were provided with anything at all they needed. The service was exceptionally responsive to people's requirements and preferences. One person's relative told us, "It's the little things. [Family member] was finding it hard to eat, they were very unwell and they said they would really like prawns. Five minutes later they [staff] came in with prawn sandwiches."

Care records contained key information about people's backgrounds and histories, their family and where they had lived, so that staff could engage them in meaningful and enjoyable conversations. We noted that they contained a lot of information about people's likes and preferences, including their preferred bedtime routine. For example, one person's records noted their preferred time to go to bed but that they would let staff know and their preferred bedtime drink. It showed that they liked the curtains drawn, windows closed, bedside light on, and room door open.

Care assessments and plans showed whether people could become anxious or low in mood and how staff should respond. Care assessments covered information about people's social needs and what hobbies or interests they had.

People had plentiful opportunities to participate in meaningful activities based around their individual needs, hobbies and interests. Activities staff worked over seven days a week and were responsive and flexible in their approach to providing a wide range of activities. Throughout our visits to the home we observed activities were taking place. These were very interactive so that people were fully engaged and

involved. The activities coordinator confirmed to us that there were two of them in post. They said that they or their colleague was involved in establishing people's past hobbies and interests. This enabled them to make sure people had the opportunity to do something they would enjoy.

One of the activities which took place on the first day of our visits involved the activities coordinator spending time with a very small group of people, engaging them in conversation about the news and involving reminiscence about their experiences. This small group work enabled lots of shared thoughts and enabled each person to speak and communicate their reflections.

We observed that the activities coordinators monitored how they provided one to one support to people who chose not to leave their rooms or were too unwell to do so. They had a monitoring sheet listing the people concerned and how they had engaged them. They told us that this normally happened in the morning. During the morning of our first inspection visit, we observed the activities coordinator engaging people in discussion about what was in the newspaper, over a cup of coffee. This led on to an animated discussion about modern day news and what people felt was better or worse now than when they were younger. The conversation flowed, with each person chatting about how they used to travel around and one person's experiences of riding on a motorbike. The session demonstrated to us how staff facilitated stimulation through debate, interaction and discussion, empowering people to share their opinions with meaningful conversation.

During the afternoon of our first inspection visit, that there was a lot of chatter and laughter while a small group of people played a game together. The activities coordinator added extra elements and challenges to the game so that people were encouraged to take part in adding up the scores for example. This activity resulted in much laughter and amusement as well as some competitiveness as people attempted to beat one another's scores. It was evident from people's responses that the activity enhanced people's wellbeing.

One person told us how much they enjoyed the activities on offer. One person told us how they had enjoyed the, 'Seaside Week' that took place in July. They said, "I went on the seaside outing. That was lovely." We saw photographs of this. Where people were not able to attend the outing for some reason, such as feeling unwell, they were able to enjoy the weather and, 'paddle' in buckets of water at the home. There was a dance event based on a seaside ballroom, fish and chips and an ice-cream van. Staff demonstrated to us how they listened to people, took into account their experiences and informed their activities provision with this detail. A staff member told us how people had reminisced about donkey rides when they visited the coast and so the activities staff had arranged for miniature donkeys to come to the home. They told us that, where people on the ground floor were too unwell to leave their rooms, a donkey had gone to see them. We saw pictures of people smiling and petting the animals.

The management and staff team had worked together to continue to build strong links in the local community and was seeking to gain further links for the benefit of the people who lived at the home. This included local links with schools, charities and interest groups.

During the morning of the second day of our visit a toddler group was visiting the home for their monthly, 'Toddler Time' group. We sat in with the group and observed the intergenerational activities for a while. We noted people were animated and engaged with the visiting children, learning forwards to towards the children and chatting with huge smiles and lots of laughter.

We saw that there were other, 'themed' weeks, such as a country and western week, where staff had dressed up, played suitable music and served a themed menu. Again, photographs showed people smiling as they joined in.

The service was exceptionally responsive to people's requests for certain activities. We saw in the communal library blackout blinds had been added to the windows. We were told these had been requested by a person living at the home as they loved watching old black and white movies in the dark and the existing curtains didn't create this environment for them. A weekly cinema film afternoon was held in the home each Sunday afternoon. We saw that within a communal area of the home a display board listed three films so that people could all select which one they wanted to watch, the most popular being the one shown.

One of the directors explained to us how they had explored the option of joining, 'Bury in Bloom' at the local town of Bury St Edmunds. They said that, as the home was outside the town, this had not proved possible. However, they had established a competition between homes within their group and arranged for external judges. We saw pictures of people engaged in creating flowerbeds, miniature gardens and at the local garden centre buying plants. They had also created a photographic journal about what they had done and a photo board displayed the rosettes people were awarded. A person's relative told us, "My [family member] was extremely proud when they won rosettes in the 'Stow in Bloom' competition, however, [family member] felt the result of the overall winner was fixed when one of the other homes won! [family member] firmly believed the [Stowlangtoft] Hall should have won as they had all worked so hard on everything! It was so lovely to see the spark of indignation appear from [family member]."

One of the directors explained to us about a person who had enjoyed making a hanging basket, which was positioned outside their room so they could see it from their bed. They told us how this gave the person pleasure and comfort as they came to the end of their life.

The activities coordinator on duty told us that there were several people from country and farming backgrounds living in the home. They confirmed what a director had told us about one person expressing a wish to know more about the cattle that grazed the land beyond the garden. They told us how they had arranged for the local farmer to come in and talk to people about the animals. There were also photographs of people taking a close interest in chicken eggs in an incubator and in handling the chicks afterwards. The activities coordinators had continued this theme into craft activities of making pictures and decorating biscuits.

There was a volunteer who maintained a railway layout within the activities area. During the course of the morning, we saw some of the people chatting with them about the trains and the set. There were models of community buildings around the train set which provided the opportunity for people to discuss what they were, such as the market centre and bowls game.

Staff supported people with their spiritual wellbeing. We saw that there was an area for quiet contemplation with some books and prayer books for people. One of the directors confirmed that this was in response to a person's suggestion that they would like a chapel built in the grounds. They said that this was not practicable so they had agreed an alternative solution for people who wanted to exercise their spiritual beliefs in quiet contemplation. The activities coordinator confirmed the arrangement. They told us that two church services, one of holy communion and one of songs of praise took place each month. There was no one of other than Christian faith who needed other arrangements to support their spiritual wellbeing. However, the management team told us they would make arrangements should this happen in future.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. The approach to complaints was transparent and there was a designated complaints file. This included a log for detailing any complaints received, along with action taken and outcomes.

The registered manager, provider and staff team were committed to support people who lived at the home at the end of their lives including their relatives. People's experiences were at the centre of the service and staff responded in a flexible and responsive manner. The provider had devised a booklet to support relatives and friends following people's deaths in response to their desire to assist people at this sad time in their lives.

A visiting health professional told us that they felt staff responded well to people who were nearing the end of their lives. This included ensuring that they obtained supplies of relevant medicines to ensure people remained comfortable and pain free. Staff were aware of people who had these medicines in place and for whom they were considering people's preferences and wishes with regard to arrangements.

The information staff gave us confirmed what we had seen in people's care records. For example, one person had clear information about their preferences and that they did not wish to go to hospital. Their preferred funeral arrangements were discussed with them, together with their wishes about treatment they did or did not wish to receive. Staff had also helped them to record who they wished to have with them should they become very poorly.

One of the directors told us how they provided one of the large communal areas as a venue for discussion groups and training. They said that this had included an information session with the local hospice so that staff were able to gather information about best practice in supporting people nearing the end of their lives.

Good

# Is the service well-led?

## Our findings

The provider had a clear vision across the care homes they ran to provide people with a personal service putting privacy, dignity and independence at the heart of what they did and this clearly underpinned the practice at Stowlangtoft Hall. People and their relatives spoke positively about the registered manager and provider management team and the standards of care delivered. One person said, "It's a lovely, lovely place." Another person's relative told us, "I have a high regard for the skills of the staff there [Stowlangtoft Hall] at all levels; the impression I get is of an organised and caring team, keen to hear my views and to give advice. I have also found the management very approachable and keen to take on board any thoughts I may have." They also told us, "After experiencing the excellent care [family member] has received in Stowlangtoft Hall, we had little hesitation in deciding that [family member] should stay there."

The registered manager and provider described a strong value base with an emphasis on promoting people's dignity and independence. Staff were clearly aware of the values and were working in line with these and valued the input of the provider. During our visits, and on speaking with staff we saw that this was upheld throughout the home by the way in which staff interacted with people who lived in the home.

We saw that the registered manager was passionate about the care being delivered and ensuring people had the best care. It was clear that staff felt valued and motivated to provide excellent care to people. One member of staff told us, "The providers are so approachable. If they are in the building [Stowlangtoft Hall] they always stop and speak to me. Never a day goes past that they don't speak to staff if they are here [Stowlangtoft]. We are a close-knit team."

Staff told us that they felt the management team had an open-door policy and were accessible to them should they need to seek support or advice. They spoke enthusiastically about their roles and their work. One member of staff told us, "From the day I started haven't looked back. It's a nice place to work. I like helping and being kind supporting people." Another remember of staff told us, "You can approach [registered manager] and she will keep what you tell her confidential. She doesn't discuss other staff with you. You can go to her to make a decision."

Staff were supported to reach their personal potential and developed their careers if they wished. Training was available to staff and the provider and registered manager encouraged staff to undertake learning. The provider had signed up to an eight day 'top leaders' programme with Skills for Care with the aim of enhancing leadership and increasing impact on the organisational culture. One member of staff said, "If you want to advance your career, they [providers] will help you." It was marked that this was effective in achieving the desired out comes of excellent care as we found from the feedback we received and our observations during our visit.

Management checks and detailed audits were completed to monitor people's care and maintain the safety of the premises. These were carried out by the registered manager and provider. Outcomes were recorded and any action plans developed to remedy shortfalls. We found in respect of the recording of people's fluid intake and the use of their prescribed topical creams that the action plans were not always effective as the

recording charts still contained numerous gaps. We spoke in depth with the registered manager about how they maintained oversight of the home and ensured, despite the gaps in records, that people were receiving their care as planned. The registered manager told us how they not only visually observed care practice through at least once daily 'walk around' in the home, they also had a number of key point indicators that they used.

We were shown detailed analysis of trends on important risk areas such as hydration and hospital admissions; falls; infection control and medication errors and we saw that this analysis was used to inform care changes in practice. The registered manager told us that they had reminded staff again about the need to complete recording charts following the first day of our visit. A member of staff told us during our second visit day, "The issue of charts has been raised with us on several occasions. Care staff are responsible but they do forget. We have handovers and we know people are drinking, we do check." Immediately after our inspection the registered manager told us they were remedying any inconsistencies in practice with communications to staff through the revision of the care staff handbook, discussion at daily management and handover meetings as well as putting recording charts on the agendas for staff meetings.

The provider had introduced a monthly 'PULSE' group which was a meeting of a group of staff representing different departments of the home. We were told how this was collaborative 'trouble shooting' group which reviewed areas of the home and made the necessary improvements as a result.

The provider and registered manager sought frequent feedback from people and their families to ensure that they got their care right. Where people or their relatives made suggestions for changes or improvements they would like to see, the management team showed how they would act upon these, or why it was not practicable. The information was included in a suggestion 'log' together with responses, and displayed on a board for recent suggestions. Forms for completing suggestions and a box were freely accessible in the front hall so that people could express their views.

The registered manager strived to work effectively in partnership with other health and social care organisations with the aim of achieving better outcomes for people. These included the local commissioning teams, GP's and other therapists. We received feedback from healthcare professionals who were positive about their experience of working with the home. One healthcare professional told us, "I do not have any concerns about [Stowlangtoft Hall] and have found [staff] to be proactive in their approach to engagement and joint working to improve [people's] care.

In addition, the provider had been actively working with a local university on a scheme to attract graduating nurses into a care home environment. An event had been hosted and held at Stowlangtoft Hall where student nurses could hear about the diverse opportunities offered in care homes. We were told that the provider had been able to recruit three new nurses to the home. As a result of this and other recruitment initiatives and developments the home had become fully recruited for nurses and this had ensured continuity of care for people.

The provider was also working with a local college and had recently invited twelve students into the home to support their learning on infection prevention and control. The provider told us, "We are very focused on inspiring young people to start their careers in care."

At several national care award schemes due to be held in November and December 2018, the provider and the home had recently been shortlisted for various care awards. These included 'Best Residential Care Provider in the UK', various national awards for training and innovation, and 'Best Use of Outdoor Space' The provider informed us after the inspection that they had won a national award in the category of Best

Residential Care Provider.  It was evident that this was reflective of the registered manager's and providers work ethic and passion for delivering first class care.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.