Lawton Rise Care Home Limited

# Lawton Rise Care Home

**Inspection report**

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## Ratings

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

## Overall summary

We inspected this service on 18 March 2015. This was an unannounced inspection. This was the service's first inspection under their registration of a new provider.

The service was registered to provide accommodation and nursing care for up to 62 people. People who used the service were living with dementia.

At the time of our inspection 62 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

# Summary of findings

There was a very positive atmosphere within the home and people were very much at the heart of the service. People and their relatives were enabled to be involved in the care and staff implemented the service's core values to ensure people had a meaningful and enjoyable life.

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. Continual improvements to care provision were made which showed the registered manager and provider were committed to delivering high quality care.

All of the staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner. Dementia training was also offered to people's relatives to help them to understand the condition.

People's health and wellbeing needs were closely monitored and the staff worked very well with other professionals to ensure these needs were met and to prevent hospital admissions. The home had been recognised by a national agency because they had demonstrated they provided high quality and effective end of life care.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences. This helped people to maintain healthy weights.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Where people had restrictions placed upon them to keep them safe, the staff ensured people's rights to receive care that met their needs and preferences were protected. Where people were legally restricted to promote their safety, the staff continued to ensure people's care preferences were respected and met.

The environment was designed to enable people to move freely around the home. There was a parlour room, a pub and outside space that people could freely access. These areas were also used to enable people to participate in social events.

People and their relatives were involved in the assessment and review of their care. Staff supported and encouraged people to access the community and participate in activities that were important to them. Innovative ideas, such as; 'Magic minutes' and a 'wishing well' were used to ensure people received high quality that was meaningful and personal to them.

Feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Systems were in place to protect people from the risks associated from medicines.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

# Summary of findings

## 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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

**Is the service effective?**

Outstanding 

The service was very effective. Staff had the specialist knowledge and skills required to meet people's individual needs and promote people's health and wellbeing. Some of the training the staff received was also offered to people's relatives to help their understanding of dementia.

The service worked very effectively with other healthcare professionals to prevent hospital admissions and they demonstrated that they could sustain best practice in relation to providing end of life care.

Staff supported people to make decisions about their care in accordance with current legislation. Where restrictions were placed upon people, staff ensured people were enabled to continue living their life in accordance with their care preferences.

**Is the service caring?**

Good 

The service was caring. People had positive care experiences and staff ensured people's care preferences were met.

People were treated with kindness, compassion and respect and staff supported people to be involved in their care.

**Is the service responsive?**

Outstanding 

The service was very responsive. Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs.

People were enabled to participate in activities that were based upon best practice in dementia care. People were also actively supported to be part of their local community. This promoted positive care experiences and enhanced people's health and wellbeing.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

**Is the service well-led?**

Outstanding 

The service was very well-led. There was an extremely positive atmosphere and people were very much at the heart of the service. High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care.

# Summary of findings

The registered manager and provider demonstrated they provided high quality and consistent care that was based on best practice and followed national guidance in dementia care.

# Lawton Rise Care 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 18 March 2015 and was unannounced. Our inspection team consisted of three inspectors, a specialist advisor whose specialism was end of life care 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 service. Our expert by experience had experience of caring for people who lived with dementia.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with seven people who used the service, but due to their communication needs they were unable to provide us with detailed information about their care. We therefore spoke with the relatives of 16 people and three visiting health and social care professionals to gain feedback about the quality of care. We also spoke with 11 members of care staff, an activity coordinator, two members of kitchen staff, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Good

# Is the service safe?

## Our findings

Without exception people who used the service and their relatives told us that care was delivered in a safe manner. People confirmed they felt safe and comfortable around the staff and they told us the staff supported them to move around the home safely. People's relatives told us that risks to people's health and wellbeing were managed well. One relative said, "I know there will always be little incidents when people have dementia, but the staff manage these incidents well. [My relative] is always protected by the staff".

Relatives told us people were protected from abuse and harm. One relative said, "If [person who used the service] ever has a bruise I ask the staff how it's happened and it's always recorded in a book. It's never been the fault of a carer". Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin.

Relatives told us that staff involved them and people who used the service in the assessment and review of risks to their health and wellbeing. For example, one relative told us that a meeting was held with them, the person who used the service and the registered manager to discuss a change in the person's risks. All three parties discussed the risks and agreed on an acceptable outcome to manage them. The relative told us they were pleased with the outcome as it had, "protected [my relative]".

Relatives also told us that they were enabled to participate in the safe delivery of care if this was important to them. For example, one relative told us their relative required a specialist diet because they were at risk of choking. They said, "The staff put thickener in [my relative's] drink and they've told me how much to put in so I can make drinks for them too. I like being able to make [my relative's] drinks, it makes me feel involved".

Staff acknowledged that some risks to health and wellbeing needed to be accepted and taken to promote positive experiences for people. For example, we saw that one person was supported to move around the home using a wheelchair with no footplates. Footplates are used to keep people's feet in a safe position during transportation. Staff told us and the person's care records showed that the risks associated with not using the recommended footplates had been acknowledged and explored. Because of the person's individual circumstances the removal of the footplates enabled this person to experience a positive and safer care experience. This showed the staff had a positive and flexible attitude towards risk.

People and their relatives told us that staff were always available to provide them with care and support. One relative said, "I've never seen [person who used the service] wait for their care". Another relative said, "There's always staff around to speak to if you need them". The registered manager told us they and the provider believed that good staff and good staffing levels were required to provide quality care. They said, "We keep the staffing numbers high because we can't operate what we say we operate without the staff to do so. The provider has supported this".

Staff told us and we saw that staffing numbers were flexible to meet people's individual needs. One staff member said, "If we need extra help we can have it". The registered manager told us, "We bring extra staff in to support people to attend appointments" and, "All leisure trips out have a qualified nurse included in the additional staffing numbers". This was confirmed when we saw that an additional nurse had been utilised to enable people to attend a trip to a local tourist attraction and a meal out on the day of our inspection.

The registered manager told us and we saw that they regularly reviewed the staffing levels to ensure people's safety and wellbeing needs were met. They told us how they used research and their experience of dementia care to plan staffing levels. They said, "Our staffing numbers stay the same in the morning and afternoon. We don't reduce the staff numbers in an afternoon as people often need extra support then after they have been over stimulated". Over stimulation in people with dementia can result from the effects of everyday living such as; visits from families and friends, and participation in leisure and social based activities.

Good

# Is the service safe?

Relatives told us they had confidence that staff were suitable to work with people who used the service. One relative said, “I think [person who used the service] is safe, I have faith in the carers”. Another relative said, “I don’t need to visit every day, because I know [my relative] is safe”. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Outstanding ☆

# Is the service effective?

## Our findings

Relatives told us the staff were skilled to meet people's needs. One relative said, "The staff know how to look after [my relative]. They know when to use the wheelchair and when not to so [my relative's] mobility is still encouraged when it's safe to do so". Another relative said, "The staff really do know what they're doing".

We saw that staff training had been effective. For example, staff managed people's behaviours that challenged in accordance with best practice and people's care plans. Staff told us their training needs were met and they confirmed that they had received training to enable them to meet the specific needs of people living with dementia. One staff member said, "My training included managing behaviours that challenge, but I use what I learnt from that with the care plans as they tell us how to manage people's behaviours too. Another staff member said, "Dementia training taught me how people are affected with dementia and the importance of knowing what the person used to do and what they enjoy doing. Knowing this can help us to make people happy and calm people down when they are upset".

External accredited organisations were utilised to deliver training based on best practice. For example, one staff member told us about an advanced dementia training course they were completing with a university. They said, "I asked for more dementia training and I'm now on an advanced course". Health and social care professionals were also utilised to provide training. A visiting health and social care professional said, "We've been involved in delivering training here to show staff how to provide person centred care to people with dementia. All staff attended including the handyman and secretary so all the staff are working in the same way". A staff member told us, "It's good having training from the experts, it means we get the best training". The staff we spoke with who were not care staff confirmed that they had received this training alongside the care staff and had found it to be beneficial. One staff member said, "We all come into contact with the people who live here so we all need to know how to work with them". This showed that training was sourced and tailored to ensure staff were trained to meet the specific needs of the people who used the service.

The provider had supported improvements to the way staff training was delivered so it was more effective. The registered manager told us, "Our training has changed from computer based learning to face to face training which is working really well. Some of our staff are now our trainers which is brilliant as it gives them more responsibility". A staff member said, "It makes more sense when you can talk about examples that have happened here". We saw that systems were in place to check that training had been understood and used. For example, we saw that dignity champions within the home delivered regular dignity training. Dignity champions are people who believe that being treated with dignity is a basic human right, not an optional extra. Dignity champions are responsible for the promotion of dignity in services. Staff told us that following their dignity training the dignity champions regularly observed the way they worked with people to ensure they provided care in a dignified manner. A dignity champion told us, "I go around the home and make sure staff are treating people with dignity. If there are any issues I speak with the staff".

Visiting health and social care professionals told us that staff were effective in their roles. A visiting health and social care professional said, "Some people come here because other homes can't manage their behaviours well. The staff here know people well and can prevent behaviours that challenge from occurring because they know people's triggers" and, "I've worked with this home for a long time now. [The registered manager] approached us to come and work with them. Because we've worked so well together we have only needed to arrange one admission [as a result of behaviours that challenged staff and others] to [a local older person's mental health hospital ward] from this home in about eight years". This confirmed that the training staff had completed had resulted in people receiving effective and integrated care.

The registered manager told us that relatives were invited to attend dementia training sessions. They said, "We invite relatives to dementia training as it helps them to understand the basics". They told us this was an important service to offer so that relatives could understand more about the challenges and changes they observe in their loved one's behaviours. Training feedback forms showed that relatives who had attended this training had found it beneficial. Feedback included, 'very interesting and informative' and, 'it has helped me to understand [person who used the service's] dementia a lot more, thank you [the registered manager]'.

Outstanding ☆

# Is the service effective?

We saw that staff sought people's consent before they provided care and support. For example, one nurse asked a person, "Is it okay for me to give you your medicines now?". Staff told us how they involved people in making decisions about their care. One staff member said, "Some people don't have the capacity to make big decisions about their care, but we always offer them choices and respect their decisions for the smaller parts of care, like; what clothes to wear and what to drink".

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act. For example, one staff member said, "We complete mental capacity assessments during our pre-admission assessment. All our mental capacity assessments are decision specific". We also saw that best interest decisions were made in accordance with the Act. For example, we saw that one person needed bed rails to help keep them safe in bed. This person did not have the ability to make this decision, so the decision was made in the person's best interests in conjunction with the person's relatives and a health and social care professional.

At the time of our inspection, a number of people were being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the people's best interests. We saw that people who had a DoLS authorisation in place were supported to leave the home with the right level support to keep them safe. For example, during our inspection, we saw that two people who had a DoLS authorisation in place to prevent them from leaving the service unsupervised were supported to go on a trip to a local tourist attraction of their choice. This showed that people who were being restricted under the DoLS still had their care preference met.

The registered manager and the staff understood that people who were living with dementia were at risk of malnutrition and dehydration. The registered manager said, "It's all about the calories as weight loss is a massive issue in dementia care". We saw that the risks of malnutrition and dehydration were effectively managed. People's weights were monitored regularly and we saw that professional advice was sought promptly in the event of sudden or unexplained weight loss.

We saw that staff were flexible in their approach to mealtimes. For example, one relative told us that people could eat and drink at times that suited them. They said, "People have their breakfast whenever they get up, there's no set time". A member of staff told us how people didn't have to sit down to eat their meal if this didn't suit their needs. They said, "We have food on the go for the people who find it hard to sit and eat". We saw that people were enabled to access meals, snacks and finger foods (Finger foods are foods that can be eaten easily without the need for cutlery, they hold their form when picked up and they require limited chewing) throughout the day at times that suited them and their individual needs. We looked at the care records of two people who were at high risk of malnutrition and found that as a result of the flexible approach to food, these people had maintained a healthy weight.

Relatives told us that people enjoyed the food and could eat foods that met their individual preferences. One relative said, "[My relative] gets enough to eat and drink and they get what they like to eat too". Another relative said, "[My relative] likes the choices at mealtimes".

We saw that people's health and wellbeing were regularly monitored through the use of a wellbeing assessment tool. The outcome of this assessment was used to formulate individual care plans that promoted people's health and wellbeing. People's pain levels were assessed and monitored through the use of a pictorial pain scale. We saw that this scale had been used when a person was recovering from a fractured hip. The tool had enabled the person to express their pain levels non-verbally so that staff could administer appropriate pain relief.

People were supported to access a variety of health and social care professionals if required. For example, we saw that staff had identified that one person had lost weight. Staff referred this to the doctor and professional advice was followed and incorporated into care records to prevent further weight loss. A visiting healthcare professional confirmed that people's care records were accurate and up to date by saying, "I can get all the information I need about people because the staff know what I need to know and the notes [care records] are always up to date".

Outstanding ☆

# Is the service effective?

The service was an accredited Gold Standards Framework (GSF) care home. GSF care homes gain accreditation by showing they can sustain a best practice approach to end of life care. The registered manager told us, "We regularly review people's prognosis and condition so we know when people are approaching the end of their lives". We saw that the staff effectively identified when people were nearing the end of their life. This enabled them to put individual end of life care plans in place that gave the staff the information and resources they needed to provide people with effective end of life care that met their personal preferences.

Good

# Is the service caring?

## Our findings

People told us that the staff treated them with kindness and compassion. One person said, "The staff are just lovely". Another person said, "They look after me so well". We observed caring interactions between people and staff. For example, one person who was asleep was gently woken by staff so they could receive their medicines. The staff member gently stroked the person's hand and quietly said, "Good morning, how are you feeling today?". We saw that people responded positively to the staff by smiling during interactions. This showed that people felt comfortable with the staff.

People who visited the service were very complimentary of the care. One relative said, "The care is superb, we couldn't wish for anything better". Another relative said, "I wouldn't want [my relative] anywhere else". Visiting health and social care professionals were also very complimentary of the care. For example, one health and social care professional said, "When I visit, the staff are always very attentive to the residents".

People were supported to make choices about their care. One person told us, "I like to choose what I want to wear". We saw that staff gave people information about their care in a manner that reflected their understanding. For example, we saw one staff member asking someone if they would like to take their medication. They said, "This is your antibiotic to help make you better, would you like to take it?". Another staff member offered a person the choice of having marmalade on their toast. They said, "Would you like marmalade? It's the one that tastes of oranges". This helped people to make choices about their care.

There was a person centred culture at the home and staff understood that people were at the heart of the service. One staff member told us, "We work around people, they don't have to fit in with us. I feel we get it right for people and we give them a good life". Another staff member said, "It's the resident's home and I feel lucky to be working in someone else's home". An example of the person centred culture was the home's no uniform policy. One staff member told us, "We don't wear a uniform. It helps to promote a relaxed atmosphere and it removes the 'them and us' feel". A relative confirmed that this policy had a positive effect on people. They said, "I think it's better that they don't wear a uniform. This is people's home not a hospital. Not wearing uniforms makes it feel more like a home".

People and their relatives told us the service was homely and friendly. One relative said, "The staff are just like our friends now". Staff had the information they needed to interact with people and strike up meaningful conversations because care records contained information about people's experiences and interests. For example, we saw staff talking with one person about their preferred football team and this person's care records confirmed that football had played a significant role in their life.

Relatives told us and we saw that people were treated with dignity. One relative said, "[My relative] is always dressed smartly and is always neat and tidy. That's always been important to them". We saw that people were supported to maintain their preferred standard of hygiene and appearance. For example, we saw that a person who chose to stay in bed on the morning of our inspection was visited by the home's hairdresser to have their hair styled in accordance with their care preferences. We saw that the staff promoted dignity on an everyday basis. For example, we saw that people drank from nicely decorated mugs and cups rather than plastic beakers, unless there was a planned need to use specialist beakers.

Relatives told us and we saw that privacy was promoted. One relative said, "There are little lounges we can go and sit in if we want to, but [my relative] likes being around other people so we stay in the main lounge". People's care plans promoted their privacy. For example, one person who required one to one support from the staff. Their care plan supported their right to privacy by recording that staff should support them to have 'alone time' by supervising them from a distance. We saw that this occurred.

The home was decorated to promote a homely atmosphere. For example, with the required consent, photos of people who used the service were displayed in communal areas to promote a homely atmosphere and one wall had the words, 'together we make a family' in the centre of the photos. A relative told us, "There are photos on the wall of all our relatives, we can get copies of them too which is lovely. I have one of my relative on a trip to Llandudno, it's a lovely photo and [my relative] looks so happy on it".

Good

# Is the service caring?

The staff also offered support to people's relatives. Relatives told us they were made to feel welcome and that staff had offered comfort and reassurance when this was required. We observed one staff member offer a relative a hand massage after they had completed a hand massage on a person who used the service. This relative told us, "They do look after me as well as [my relative]". The registered manager told us that caring for relatives was very important to people's general wellbeing. They said, "We don't just looking after the person, but the whole family unit too".

There were effective systems in place to enable people to receive dignified and pain free end of life care. Where required, people had end of life care plans in place that outlined their preferences, such as their preferred place of death. Anticipatory medicines were requested when a person was identified as nearing the end of their life. Anticipatory drugs are medicines that are used to manage people's symptoms during their end of life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory drugs ensured that medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place.

We saw that people, particularly those who were nearing the end of their life had access to specialist seating and bedding that reduced the number of transfers they needed to be supported with. The registered manager described how important comfort was to people. They said, "Comfort is really important. A comfy seat and a comfy bed help to reach a comfy life".

People's relatives were supported by the staff during and following end of life care. The registered manager told us, "We have a room for visiting family to stay overnight if they have travelled a long distance or if their relatives are poorly" and, "Some people have photo diaries so they and relatives can see what they have participated in. When a person passes away this is given to the family so they have memories of the person". This showed the provider and registered manager understood the needs of people's relatives in end of life care.

Outstanding ☆

# Is the service responsive?

## Our findings

Before people moved to Lawton Rise they and their families participated in an assessment of their needs to ensure the home was suitable for them. The registered manager told us, "When we assess people for admission we look if there is a bed on the floor they need and if they will fit in to our community". Involving people and their relatives in this assessment ensured care was planned around people's individual care preferences.

Staff used the information from people's assessments to ensure people received care that made them feel valued. One of the methods staff used to do this was called 'magic minutes'. The registered manager told us, "Every day we have a 'magic minute' for each resident. This is based on our knowledge of them and their life history and it means they get special attention related to something that's important to them". Staff told us and we saw that 'magic minute' prompts were located in each person's room. We saw that these 'magic minutes' were effective in providing person centred care. For example one person's 'magic minute' was around them wearing necklaces every day. When we met this person we saw that they had a necklace on that matched their clothing.

Relatives told us that being involved in care planning was important to them and the people who used the service. One relative said, "It's important to me and [my relative] that I am involved. We've been married for over 60 years so we are part of each other". We saw that when people could not communicate their care needs, information about care preferences was gained from relatives and friends so that best interest decisions relating to care delivery could be made. Advocates were also used when required to ensure people's wishes were gained and shared when they had no relatives or friends to support them with this.

Relatives told us and we saw that staff were committed to providing people with high quality care that met people's individual preferences. One relative said, "The staff bend over backwards for [my relative]". They told us that staff organised trips and activities that were based around their relative's preferences. One of these trips had been arranged through the homes 'wishing well'. People and their relatives could make activity and trip requests via the 'wishing well'. We saw evidence that people's requests were met in the 'wishes came true' book, which contained photographs and summaries of people's met wishes. An example of a wish that came true was a person's request to go to Blackpool to see the lights.

We observed people being engaged in one to one activities that met their individual preferences throughout the day. These included painting, craft activities and reading the paper. A relative confirmed this by saying, "There is always lots going on here. [My relative] enjoys it all so much". Alongside these activities, activities based upon best practice in dementia care were also promoted. We saw that daily sensory based activities were facilitated using sensory lighting, music and massage. Staff told us that massage often had a very positive effect on some of the people who used the service. One staff member said, "Some people who don't normally respond to us can become responsive during massage". We saw one person smile and sing when they received a hand massage.

We saw that the home followed national guidance to ensure people received care that was based upon best practice. The National Institute for Health and Care Excellence (NICE) 'Quality standard for supporting people to live well with dementia' states that it is important that people with dementia can take part in leisure activities that are meaningful to them. An example of this was the staff's acknowledgement and respect of some people's need to spend time walking around the home. Relatives and staff told us that people were not restricted from walking around the home. One staff member said, "It is important that some people can walk around independently we recognise this as a need". A relative confirmed that people were free to move around the home. They said, "It's a nice environment here. People can walk around the corridors and go into different areas. Staff are always around in all the areas". People could also access the home's garden when they wished. One staff member said, "People can access the garden during the day because it's a safe space"

Doll therapy was also promoted in a structured and unstructured manner. Doll therapy can be a meaningful and rewarding activity for some people with dementia and at Lawton Rise it was facilitated with the use of a baby doll. Organised sessions were held where people could bathe and dress the baby. At other times the baby and its pram were located in a communal area. We saw people independently approach and tend to the baby throughout the day. The people we saw doing this looked happy and

Outstanding ☆

# Is the service responsive?

content. A relative confirmed that the doll therapy was effective for some people who used the service. They said, "They do doll therapy which is very good, even some of the men take part. They bath the baby, put nappies on and they always look like they enjoy it. I've seen people sitting with the baby trying to get it off to sleep, they look so relaxed when they are with the baby".

The NICE 'Quality standard for supporting people to live well with dementia' also states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. We saw that coloured corridors and dementia friendly signage were used to help people orientate themselves around the home. Signs on doors were age appropriate and accurately represented the purpose of the room.

'Rummage' items were safely located along the corridors of the ground floor where residents were mostly independently mobile. 'Rummage' items are familiar objects that can help reduce anxiety in people living with dementia. For example, hat's, scarves and bags were located on hooks in the corridors and we saw people picking up and using these items throughout the day. We saw the positive effects of this on one person who had selected items of their choice and then fell asleep holding these items.

The home had its own pub called 'The Lawton Arms' which people and visitors spoke very positively about. One person said, "I like going to The Lawton Arms". A relative said, "We go to the pub every fortnight when they have entertainment on. [My relative] has crisps and a shandy, it's ever so good". We also saw that a traditionally decorated parlour room was used in the home to help provide people with a calming and familiar environment.

The registered manager promoted community involvement at the home. They told us, "We are always looking for new opportunities within our local community. We enable people to access the community and we also bring people from the community to us". External groups visited the home to provide people with new leisure and social based activities alongside traditional favourites. These activities were varied and culturally diverse. For example, a group of retired ladies visited the home regularly to belly dance. People's relatives told us about a Halloween party that was held at the home where people who used the service and the staff's families were invited. One relative said, "The Halloween party that they had was excellent".

People and their relatives were involved in reviews of care. Relatives confirmed this by saying, "Every three months I meet with the nurse. They ask me if I'm still in agreement with the care plan and if I want to ask anything" and, "I'm coming in next week for a review of the care plan". This ensured care plans were current and continued to reflect people's preferences as their needs changed.

Relatives told us and we saw that people's views about the care were regularly sought. One relative said, "We have relatives meetings where we put our views forward and we get told what's going on. [The registered manager] is very good because the things we ask for, we generally get. We asked for new furniture and we got it". Another relative said, "We are encouraged to tell the staff our concerns. We have meetings where we can voice our opinions. They listen to us too. I once said some of the clothes looked like they hadn't been ironed, but they always do now". This showed that improvements to people's care were made in response to their feedback.

Relatives told us they knew how to complain about the care. One relative said, "I once went to [the registered manager] to complain about something and it was sorted right away. I couldn't fault the way she dealt with it". There was an accessible complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. We saw that complaints were managed effectively.

Outstanding ☆

# Is the service well-led?

## Our findings

People who used and visited the service told us there was a positive atmosphere at the home. A visiting health and social care professional said, "The home just has such a good feel about it". A relative said, "I like [my relative] being here, other homes I've been to don't feel as good as this one, they don't do the good things that this one does". Staff told us they enjoyed working with the people who used the service. One staff member said, "I just love my job. It can be challenging, but I feel that I have really helped people". Another staff member said, "I get a lot of satisfaction being able to give good quality care, it's very rewarding".

People's relatives told us they were very satisfied with the quality of care. One relative said, "I don't think there is anywhere finer than this place, and I've visited lots of homes". Another relative said, "All the staff look after people very well, they deserve credit". One member of staff told us that their experience as a relative of a person who previously used the service had resulted in them changing their career to care. They said, "[My relative] used to live here, I have happy memories of her care and that's why I decided to work in care".

Relatives and visiting health and social care professionals told us the registered manager was effective in their role. One relative said, "I can go to [The registered manager] anytime. She gets things done and doesn't beat about the bush". Another relative said, "The home is organised and well run at all levels, even when I ring up there is no waiting, the receptionist puts me straight through to the nurse. It's very efficient here and it's run very well". A visiting health and social care professional told us that the registered manager was aware of people's needs and was always available. They said, "The manager here is really good, I always enjoy coming here".

The registered manager implemented innovative ideas to improve people's care experiences. For example, the daily 'magic minutes' and the home's 'wishing well' both enabled people to receive person centred and meaningful care. We also saw that best practice was followed and adapted to meet the needs of the people who used the service. For example, The Alzheimer's Society's 'Inspiring 50 point checklist' recommends the use of personalised memory boxes on the walls by people's individual bedrooms. The registered manager told us they had previously implemented this, but had since changed the way the boxes were used because the recommended method had not been effective. They said, "Putting memory boxes outside of people's rooms was considered best practice. We found that people hit their heads on them and because they were fixed onto a wall they were not being used. It didn't work for us, so we use our memory boxes differently now. We still have them, but because they are not fixed to the wall it works much better for us".

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a number five Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and shows that the service has demonstrated very good hygiene standards. The service was also accredited with the Gold Standards Framework (GSF) centre which showed the service had demonstrated and sustained good end of life care. The registered manager told us that being GSF accredited showed they worked effectively with external agencies and other health and social care professionals to provide quality end of life care. They said, "It is important that we provide excellent end of life care. We can identify someone is nearing the end of their life, and make sure they receive continuity of care. We work with the GP, family, palliative care team and district nurses to provide this care and this prevents hospital admissions".

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, weights, pressure care and wellbeing. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. For example, people's weights were regularly monitored by the registered manager who checked that prompt action was taken to manage the risks of malnutrition.

Action was taken to drive improvements when this was required. For example a care records audit had identified that some staff had been recording 'no change' or 'usual day' in people's care records. The registered manager had identified that this information did not give an accurate account of people's care and prompt action had been taken to address this. We saw that the action had been effective because the care records we looked at contained accurate and detailed accounts of people's care. The completed provider information return (PIR) logged the registered manager and provider's plans to continually

# Is the service well-led?

improve the service. We saw that many of the actions in the PIR had already been completed. For example, the change from computer based learning had been replaced with more effective face to face learning. This showed that the registered manager and provider were committed to making constant improvements to care.

People were at the heart of the service. Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, we saw that changes had been made to the menu as a result of feedback from people and their relatives. One relative told us, "[My relative] and some of the other people here were not happy with the pasties and burgers that were served. We told [the registered manager] and they were swapped for steak and kidney puddings and faggots".

Staff told us the registered manager was approachable and supportive. One staff member said, "[The registered manager] is very approachable and very knowledgeable about dementia. I've learned a lot from her". Another staff member said, "I feel very supported by management". Staff told us that they received regular support meetings (supervision sessions) with a manager or senior member of staff. Staff told us these meetings were used to assess and monitor their learning needs, gain feedback about their performance and give suggestions for improvement. One staff member said, "Supervision gives me the chance to talk about my development and I can make suggestions about how to improve the service".

We saw examples of how the staff had been involved in making improvements to care and efficiency. For example, one of the dignity champions had an idea to host an afternoon tea party, this was trialled and was now a regular event due to its success. The registered manager told us how they had involved laundry staff in making improvements to the provision of the laundry service. They said, "We had an issue with the laundry work due to a staff member being on long term sick. The laundry staff had a meeting and devised a new rota to cover the shifts more effectively. I agreed this for a trial of two weeks, after which we had another meeting and the new system had worked really well so we have kept it in place".

Staff told us the registered manager listened to and dealt with their concerns in a constructive manner. One staff member said, "Anything I've ever raised has been dealt with and [the registered manager] is always around if there ever is a problem". Another staff member said, "Supervisions are helpful and I always feel listened to because my concerns are dealt with". We found that staff understood their responsibilities to report any care concerns and they knew how to do this through the correct channels

The staff understood the services values and philosophy and we saw that these values underpinned staff practice. One of the service's values was promoting independence. The National Institute for Health and Care Excellence (NICE) 2010 'Dementia quality standard' supports the importance of promoting and maintaining independence in dementia care. We saw that staff encouraged people to do as much for themselves as possible. For example, people were supported to eat independently by staff who encouraged and promoted them to eat when they were able to do this. One staff member told us, "All us staff have the same ethos here, we love working with people with dementia and we aim to make people as independent as possible".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.