

HC-One Limited

Defoe Court

Inspection report

Defoe Crescent
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Date of inspection visit:

06 July 2017

10 July 2017

Date of publication:

22 September 2017

Ratings

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

Summary of findings

Overall summary

This inspection took place on 6 and 10 July 2017. The first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting.

At our last inspection of this service we awarded an overall rating of Good.

At this inspection we found the service remained Good.

Defoe Court is a care home for 41 people who require nursing or personal care. Some people who use the service are living with dementia. The home is situated in its own grounds with an enclosed garden area, set over two floors. Defoe Court has a range of communal areas for people and their relatives to use, including a café area. There were 40 people using the service at the time of our inspection.

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 2008 and associated Regulations about how the service is run.

The provider had a robust recruitment process in place to ensure only appropriate staff were employed to work at the service to support people safely. Staffing levels were appropriate to the needs of the people using the service. The manager used a dependency tool to ascertain staffing levels.

Risks to people and the environment were assessed and plans put in place to mitigate them. The provider had a business continuity plan in place for staff guidance in case of an emergency. People had Personal Emergency Evacuation Plans (PEEPS) in place which were updated regularly. Accidents and incidents were recorded and analysed regularly to identify any patterns or themes that may need to be addressed.

There were systems in place to keep people safe. We found staff were aware of safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice.

Medicines were managed safely by staff who were appropriately trained and had their competency to administer medicines checked regularly. This meant the provider had systems in place to ensure the people who lived at Defoe Court were safe.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected that fire inspections, gas safety checks and portable appliance tests (PAT) had taken place.

Staff received an in-depth induction on commencement of their employment, which included shadowing experienced staff. The manager kept an electronic matrix to monitor staff training. Staff training was either

up to date or plans for refresher courses were in place. Staff received regular supervision and an annual appraisal.

People's nutritional needs were assessed on admission and regularly thereafter. Staff supported people to eat a healthy varied diet. Records to monitor people's nutritional intake were in place where necessary. Staff ensured people had access to health care professionals to maintain their general health and wellbeing.

Staff were extremely caring in their approach with the people they supported. Staff put people at the heart of everything they did. They also offered kindness and maintained relationships with relatives as part of their caring role. The culture within the service was one which promoted personalised care tailored to each individual's needs. The service provided outstanding end of life care that had a positive impact on people and their relatives at difficult and upsetting times. Staff provided support for bereaved relatives to return to the home whenever they wished to.

Advocacy services were advertised in the foyer of the service and were accessible to people and visitors. At the time of inspection no one was using an advocate.

Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people.

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

Care plans were personalised focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. Where appropriate people had emergency health care plans in place. People were supported to attend appointments designed to promote their health and well-being.

The provider had an activity planner with an extensive range of different activities and leisure opportunities available for people.

Processes and systems were in place to manage complaints.

The provider held regular meetings with staff, people and relatives.

The provider had an effective quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service.

The provider maintained links with and worked in partnership with organisations to ensure best practice was incorporated into the quality of care provided. Community links were maintained with local schools and academies. The home had been nominated for the National Care Awards 2017 and had been recognised as one of the top 20 recommended homes in the North East. Staff had also received recognition for their work, winning Nursing assistant of the Year and nominations for Nurse of the Year.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People who used the service, relatives and professionals praised staff for their affectionate and caring attitudes.

Staff had developed meaningful relationships with people, ensuring they were aware of likes, dislikes and preferences to support their care.

End of life support was outstanding and informed by best practice. People's relatives and professionals confirmed staff supported people at the end of their lives in an extremely compassionate manner.

The provider had advocacy information readily available for people.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Defoe Court

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

The inspection took place on 6 and 10 July 2017, the first day of the inspection was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector, one specialist professional advisor (SPA) and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. A SPA is someone who has professionalism in a particular area for example, a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all of the information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are documents which note any changes, event or incidents that have occurred in the service, which the provider is legally obliged to send to CQC within required timescales. The provider also completed and submitted 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.

Prior to our visit we also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We carried out a short observational framework for inspection (SOFI). A SOFI is used to capture the experiences of people who use services who may not be able to express this for themselves.

During our inspection we spoke with seven people who lived at Defoe Court and five relatives. We also spoke

with the manager, two nurses, four care workers, the activity coordinator and chef who were all on duty during the inspection, and in addition, two health care professionals who were visiting the home.

We walked around the home and the enclosed gardens. We viewed a range of records about people's care and how the service was managed including the medicine administration records (MARs) for six people, the recruitment records of four staff, training records, and records related to the management of the service.

Is the service safe?

Our findings

People we spoke with felt the service was safe. Comments from people included, "Oh, it's fine here. I am more than safe", "We are well looked after, never a worry about that" and "They all look after me, whatever I need." Relatives also felt staff at Defoe Court kept their family members safe. Comments included, "[Relative] is so well looked after here, we never have to worry" and "Yes, it's lovely". We spoke with visiting health care professionals and asked if they felt the service was safe. One visiting nurse told us, "Yes, it's very good here." Another said, "I visit here a lot, I would recommend it."

We checked the provider's recruitment procedures and found they were robust with all necessary checks being made before new staff commenced employment. For example, applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a disclosure and barring service check (DBS) obtained. These are carried out before potential staff are employed, to confirm whether applicants have a criminal record and are barred from working with vulnerable people. Personnel files also contained interview questions and responses demonstrating a thorough check of prospective employees' knowledge and life experiences was explored before any appointments were made.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, mobility assessments included evidence of discussions having taken place with people about the use of moving and assisting equipment. Environmental risks were assessed to ensure safe working practices for staff. For example, to prevent slips, trips and falls and kitchen safety.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect fire inspections, gas safety checks and portable appliance tests (PAT) had been carried out.

People had up to date Personal Emergency Evacuation Plans (PEEPS) in place. The manager kept an emergency grab bag containing copies of the PEEPS, people's MAR charts, high viz jackets and a file containing important telephone numbers. The bag contained a copy of the provider's business continuity plan for the service. This meant staff had access to support and guidance in case of an emergency.

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke to had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns they raised.

We found the service managed accidents, incident and safeguarding concerns in a timely manner using an electronic recording system. Investigation records were available and other records showed that 'lessons learnt' from certain incidents and situations were disseminated to staff during handovers and team meetings.

There were enough staff to support people's needs, with dedicated numbers on each floor. Nurse call bells were responded to promptly. Comments from people included, "Yes, there are a lot of staff here" and "It's very rare that we have to wait for anything, they are here quickly." One person told us, "Sometimes there seems to be plenty of staff and sometime they are short." We discussed staffing levels with the manager. They advised if the home was ever short staffed they can call on other departments to assist as all staff have had care worker training. The provider also had a bank of staff to call on.

Staff felt staffing levels were appropriate, commenting that they were evenly balanced in the home. One care worker told us, "Where cover is needed staff who aren't rostered are asked to cover or bank staff can be used".

On the first day of the inspection there was one nurse on duty, one health care assistant and five care workers as well as the 'Well-being coordinator' (Person who organised social and recreational activities for people). The manager was also available for support and guidance. In addition to the staff on the rota, one new care worker was shadowing more experienced staff as part of their induction. Staffing levels were regularly monitored using a dependency tool. This included information about specific areas of people's needs which were assessed to ascertain the number of staff required. For example, the numbers of people needing two staff for support with mobility needs.

The provider had systems and processes in place for the safe management of medicines. We observed a medicine round and found this was well organised. There were no interruptions from other staff members. The infection control policy was adhered to by use of alcohol gel between each administration. Medicine administration records (MAR's) were completed correctly with no gaps or anomalies. Staff were trained and had their competency to administer medicines checked on a regular basis. People told us they received their medicines at the correct time. Comments included, "Yes, I get my medicines on time, same time, morning and evening."

We found staff followed infection control procedures and were seen to use personal protective equipment (PPE) where necessary. The provider had nominated an infection control champion who disseminated information to staff following meetings with infection control nurses. This meant staff were following the most up to date best practice guidance.

We found all areas within Defoe Court were clean with no malodours. Comments from people and relatives included, "It's lovely and clean", "Cleaners are up and down with the [vacuum cleaner]" and "It doesn't have a smell."

Is the service effective?

Our findings

People and relatives told us they felt staff had the relevant skills and experience needed to support them and their loved ones. Comments included, "They know what they are doing", "I have never had to see a doctor but I get a glucose test every day" and "If I'm not well the girls look after me."

Staff told us they felt supported in their role. Comments included, "I have had all the training I need and can speak to [manager] at any time" and "We have our supervisions but don't have to wait for them to get help if you need it." The manager had an annual planner in place for staff appraisal and supervision. We found records to demonstrate staff received their appraisal and supervision on a regular basis.

The manager kept an electronic training matrix which demonstrated staff had received the training they needed to meet the needs of the people using the service. We saw certificates to evidence the training had taken place. The provider used a blended approach to learning including ELearning, face to face sessions and workbooks. Essential training included moving and assisting, infection control and health and safety. The provider had a learning and development pathway for staff to progress in the organisation. Staff completed the Care Certificate as part of their learning and development. We found records to demonstrate that some care workers were working through the health care assistant programme. This role supports the nurses in the home by carrying out less complex tasks such as blood glucose monitoring, simple dressings and blood pressure recording.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The manager kept a record of all DoLS applications made along with copies of authorisations. We found evidence to demonstrate the manager made regular contact with the local authority regarding the status of applications.

Care workers we spoke with clearly understood the importance of supporting people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives. For example, one care worker told us about visually showing people two different meals at lunch time to aid choice.

We found people were offered a varied and nutritious diet. One person told us, "The food is excellent, they offer me a drink, cakes or biscuits." Another said, "I don't like onions, so I get a choice of menu without onions." Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements were available to people who needed them. Staff were attentive to people and offered support in a dignified manner. Some people needed a gentle reminder to eat, whilst others needed one to one support to eat their meal. People were not rushed and were offered a choice of pie and peas or sandwiches and soup. We saw alternatives were offered to people who did not want what was on the menu. People were offered a hot pudding, fruit or yogurt. Fluids were readily available throughout the meal. People were supported with drinks and snacks throughout the day.

We found the chef extremely knowledgeable about people's nutritional needs. They were able to describe specific diets required for people using the service, for example, diabetic and low fat. Diet notification records were kept in the kitchen detailing people's likes, dislikes, preferences and any allergies. These were updated whenever there was a change in a person's nutritional needs. The chef showed us an example of pureed food they had piped so each portion looked appetising.

We reviewed a selection of food and fluid charts for people who were assessed as being at risk of under nutrition. We saw these were completed correctly and reviewed by nurses as part of the monitoring process.

People, relatives and care records confirmed people had access to external health and social care professionals when required. For example, speech and language therapists, district nurses, advanced nurse practitioners and chiropodists. One person told us, "I regularly see the chiropodist." One relative commented, "The nurse practitioner comes to the home to see my [relative] as they get lots of chest infections." We spoke with two visiting health professionals during our visit. One visiting nurse told us, "They [staff] do get in touch if they need any advice or want me to call in." Another nurse said, "I visit regularly and the nurses are good at recognising deterioration in people, getting support in quickly."

Defoe Court was spacious with ample space for people who used wheel chairs. Communal areas were set out with easy chairs and televisions. Radios were available for people to listen to. The provider had considered the needs of people living with dementia in relation to the environment. Signage was in place, such as toilet, lounge and dining room signs along with exit signs. Handrails were painted a different colour to aid people who were living with dementia to navigate their way around the home. We saw memory frames were in place on people's bedroom doors containing personal photographs and pictures.

Is the service caring?

Our findings

We received extremely positive feedback from people and relatives who felt the service was exceptionally caring and described it as such. Comments included "The staff are lovely and caring, all of them, they do more than care", "They are like my family, they take time to listen, nothing is a bother, ever", "They sit and chat", "The girls have a bit of fun with you", "My [relative] fell, staff stayed with her all the time until the paramedic came, the staff were great", "They're just excellent." One relative who visited on a daily basis told us, "Oh, as soon as I walk in its hello there, how are you doing. The cook makes sure I get my breakfast every day, tea and toast; they are absolutely fabulous in here, kind, caring and just lovely."

We found Defoe Court received several compliments from people, relatives and visiting organisations demonstrating an outstanding service. Comments included, "Our time together is respected and encouraged, we are loved and cared for, everyone is kind and we feel part of the family", "My [relative] recently stayed at Defoe Court for respite care. The care was outstanding, every day I visited I could hear laughter, my [relative] was so well cared for", "My mum has settled lovely and always talks about Defoe Court as being her home", the girls know how I feel, staff could not do enough for my Mum and me", "From my first visit I knew I had made the right decision. The nurses, care staff, chef and manager are just perfect" and "The whole team are so kind and smiling, I feel so happy I know my Mam is in the best place." A visiting organisation commented, "I find Defoe Court to be an outstanding care home. Our company have visited other care homes over the years, but nothing comes close to seeing the fantastic work [manager] and her team give to residents and the empathy and dignity afforded to them."

We found staff took the time to find out about peoples likes, dislikes and preferences. What they did as a job, any hobbies or interests they had. The chef told us, "We find out what they [wives/partners] cooked for them [people] when they were at home, so we add that in the menu." The manager told us, "This is so important if we are going to provide care and support for someone. We need to get to know them and them us." For example, one person loved gardens and flowers but was not able to go out to the garden area. The manager and staff worked with relatives to create a small area outside their bedroom window so they could see the flowers. The manager told us, "This was so successful that all the rooms on that side of the home have individual gardens outside their windows, some are shared with the person directly above on the second floor, relatives are involved and they get together to decide what to plant." We went out to see the gardens to find they were very personalised with fairy lights, people's favourite plants and bird feeders (as one person loved to watch the birds). One person loved trucks, we saw small trucks were on display along with other garden ornaments.

The service identified people's spiritual, religious or faith needs as an integral part of the assessment and care planning process. The particular needs of different religious or faith groups within the home were respected and access to appropriate support regarding matters of religion or faith were made available. For example, visits by members of people's specific religious groups.

Staff supported people to build and maintain meaningful relationships. Meal times were a social event where people could meet and catch up. One person told us, "They bring my husband to join me, so we have

time together." One relative who was visiting one member of his family commented that another [family member] resided downstairs, and that staff brought them to see each other every day for a few hours. The person told us, "It is a big plus for both of us."

We observed care workers showed affection throughout their interactions with people showing genuine relationships. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate with people. When speaking with people who had communication needs we saw staff waited patiently for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions such as whether they wished to join in activities, or whether to have a bath or a shower. Promoting independence was an integral part of the service. We observed staff supporting people to use mobility aids, people were encouraged to do things for themselves such as eating and drinking independently, taking part in activities which required a level of interaction, and going out on trips.

We saw one person was upset whilst sitting in the lounge area, a care worker immediately sat with them and held their hand speaking gently until they were smiling again. We saw another person benefited from soft toy and doll therapy. Soft toy and doll therapy can be a very effective way for a person with Alzheimer's or any kind of dementia to decrease stress and agitation. There were a number of different dolls and staff used them to support the person. We saw a cuddly dog being used to create a diversion for one person who was anxious. Staff spent time sitting chatting with people, we saw staff singing with people and generally having a laugh and a joke.

Staff demonstrated they knew people well and were creative in ensuring people's needs were met in line with their personal preferences. For example, one person liked to sit in the corridor and listen to music, staff had loaded an iPod with their favourite songs so they could listen to them using headphones. Another person told us they could be forgetful at times. Staff had laminated a small notice and attached it to their Zimmer frame, with a gentle reminder for the person to use the frame. The person told us, "I definitely need this, it was kind of them." Another person told us they loved having her nails painted, and staff ensured this was done regularly.

The manager had recently increased the staffing levels as there was a new person being admitted to the service. The manager told us, "It's important for people and families to feel welcomed, I like to make sure there is some personal one to one time to help build a relationship." We found staff popped into the service even when they were off duty. The manager told us, "I always say pop in with the kids if you're passing, it's lovely to see their [people's] faces when they visit."

The provider used an innovative method of starting conversations with people and relatives. All staff name badges contained something interesting about them. For example, Sue, love to sing, but can't sing. The manager told us, "These are new and are really good as starting a conversation."

Whilst we were at the home, we spoke with a community nurse who had been asked to pop in to see a person who they visited at home. The person had only recently been admitted to Defoe Court and was reluctant to accept support. The nurse told us, "The staff have tried and felt that having a chat with me may help them settle in." This meant staff had thought about opening up communication with a familiar face to assist with the person's anxiety.

On the wall in a communal area we saw the manager had put up posters regarding what they understood dignity to constitute in a series of statements. A staff member had been given the position of dignity champion. As they were not on duty at the time of the inspection we discussed the role with the manager.

They told us, "Dignity is one of the most important aspects of our care, by having a champion we make sure that we are up to date with guidance. [Staff member] passes information to other staff members, we discuss dignity at team meetings and supervisions.

All the people and relatives we spoke with felt the staff respected their privacy and dignity and gained consent before any personal interventions. Comments included, "They come over and say do you want a bath?", "Yes, they always get consent from my Dad before they do anything," "Staff always close the shower or toilet door", "Curtains are closed until I am up and dressed" and "They cover me up when I have bath."

We observed staff respected people's right to privacy and knocked on people's bedroom doors before entering. Staff told us how they maintained people's dignity by keeping them covered when delivering personal care, using their own toiletries and assisting them in the manner they wished to be supported. We saw people were well groomed and had things that were important to them close by such as glasses, hearing aids, walking aids and newspapers. Where people's clothes had been marked by food or fluids these were changed to promote people's dignity and where appropriate people were offered the use of protection for their clothing during meal times.

We found the service provided an extremely high standard of end of life care. We found numerous compliment cards, letters and electronic messages to demonstrate outstanding acts of caring and empathy. Relatives described how at the most difficult of times, the situation was made more bearable for them because staff displayed "great respect, compassion, dignity and gentleness" towards their family member. Relatives described the care their family members received during the end of their lives as "excellent" and said that "Nothing was too much trouble" for any of the staff within the service. They said staff "loved and genuinely cared" for their relatives."

We found the chef played an important part in the support provided to people and their families. One relative wrote, "Her kindness is with not only residents but relatives too. Throughout the difficult times they ensure there is a shoulder to cry on, ensure they have meals and will sit with the resident so family can go home to refresh, so family feel that their family member is with someone they love."

The provider had an end of life champion who was a member of the nursing team who had been nominated for Regional Nurse for End of Life care in 2016. We spent time speaking with the nurse about her role as champion. We found they had additional training in end of life care. They had completed a National Vocational Qualification in palliative medicines and specialised training in using equipment required to provide pain and symptom control. The nurse told us, "I keep myself up to date with palliative care best practice, and pass this on to staff. It is the last form of care we can provide, people should be allowed to die with their wishes being carried out, and to have the people they want with them and to die with dignity." Staff told us they felt caring for someone at end of life was rewarding in that they were able to carry out people's wishes. For example, making sure one person had their rosary beads with them, another had a special pillow they wanted with them, special photographs and music playing.

We spoke with staff to find out how they provided end of life care. Comments included, "We have such a bond with people, and it is hard but rewarding to know that you have given them the best care. I feel it's important to speak to people whilst we are giving personal care, don't speak over them", "It's the little things that make a difference, keeping them comfy, clean and calm. To keep talking, brush their hair, keep their mouth clean" and "Include the family in everything, they are going through a trauma too. We know people well, you can tell a lot by people's eyes. We know which side they like to lie on, how they like their hair and we need to keep them pain free." One care worker described how they involved relatives following the person's death. They told us, "It's the last thing we can do for their loved one, they can be as involved as they

want to be. After all they are their family."

Staff told us they felt the manager supported them during these times. One care worker told us, "[Manager] always asks how I am, she also gets involved in care. We are a team, the doctor and advanced nurse practitioner when its end of life care."

We found end of life care plans contained wishes and preferences, these were completed with the person, family members and staff. Detailed care records were kept of all interventions for end of life care and symptom control. Personal care records showed staff carried out positional changes, mouth care and personal hygiene care. MARs showed pain management systems were in place for people. Records also included input from health care professionals.

We found the service stored anticipatory medicines for people who were assessed as needing symptom control in the future. Anticipatory medicines are medicines prescribed for end of life care to keep people comfortable. This meant there would be no delay waiting for a prescription to be obtained which may cause further distress for the person. These medicines would only be commenced on the direction of the doctor or nurse practitioner.

We found staff attended people's funerals and the service sent condolence cards. Bereaved relatives, friends and staff were able to pay their respects at a small remembrance garden area in the grounds. We went to see the garden and found several brass plaques were in place in memory of people who had died in Defoe Court. The manager told us, "We still have families come back and see us, they often come to put flowers here. It's always lovely to see them again."

Is the service responsive?

Our findings

People and relatives told us they felt the service provided personalised care. Comments included, "I have a bath every night, and they know what they are doing", "If anything changes we always talk about it" and "The girls always do things the way I like."

We found people's needs were assessed before and after admission to the home. Each person had care plans that were tailored to meeting their individual needs. We saw these were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. For example, if they preferred a bath or shower. One person's care plan stated that they should drink decaffeinated coffee to help with hypertension. Another contained details to advise at what level the air wave mattress was to be set according to their current body weight. People who were in receipt of nursing care had specific plans in place for more complex needs such as wound care or re-catheterisation setting out when the catheter was due to be changed and what type and size to be used.

One person was having unsettled nights due to the noise from their mattress. We found they had complained to staff about this on the day of the inspection, staff had responded quickly and a new mattress had been put in place.

Health care professionals we spoke with felt staff were responsive to people's needs and contacted them for advice and support on health matters. One visiting nurse told us, "They are really good at identifying changes and act straight away. I am always happy to support them they have good nurses here."

Relatives said they felt involved in the care of their family member and that the home kept them informed if their family member was unwell. One relative told us, "I've seen [relatives] care plan I remember going through his needs with staff." Another said, "My sister is involved in [relatives] care plan."

One visiting health care professional told us "The nurses here are really good, whenever they contact me it's always warranted." Another health care professional told us, "The staff here are great with diabetic care and more complex things, we have a good working relationship." They felt the care at Defoe Court was responsive and that the service asked for support and guidance where necessary preventing attendances and admissions to hospital.

People told us they were supported to maintain hobbies and interests. Comments included, "There is dominoes, bingo and chair exercises, I do get involved on occasions", "They have activities but I don't get involved, as long as I have my books to read I am ok" and "Yes, I am aware of activities, I got the list the other day." The well-being coordinator knew people's preferences and interests having worked at the home for a number of years. We found planned activities included entertainers coming in to the home, music, games and crafts. Where people enjoyed the television they were made comfortable in the communal areas. The service had a coffee shop which was used by people and relatives to spend time together over a coffee. The café had a water cooler so people had access to cold drinks at any time. People had enjoyed trips to local parks, local cafés and enjoyed the local fish and chip shop. People told us the miniature pony comes to the

home regularly, something they all really enjoy.

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. Everyone we spoke with said they felt they would be able to complain to care workers or managers if necessary. All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

We found residents meetings and relatives meetings were held regularly and formed another channel through which the provider could gather feedback about the service. Detailed minutes of these meetings showed that a variety of subjects were discussed such as training, updates and health and safety.

Is the service well-led?

Our findings

The service had a manager who had been registered with the Commission to manage the carrying on of the regulated activity since October 2016. We found the manager was focused on providing a high standard of care. They were passionate about the home and the people using the service. This was demonstrated by the positive comments from people, relatives and staff. People and relatives we spoke with told us the service was well led and that they felt involved. Everyone we spoke with knew who the manager was and felt they could approach her with any problems they had. Comments included, "She is lovely, always about", "She's very nice, you can sit and talk to her", "Always see her walking the corridors", "She gets the entertainment sorted and the food is fantastic" and "Defoe Court has the most wonderful manager and staff."

Staff told us they felt the service was well managed. Comments included, "[Manager] is the best manager, she's absolutely great" and "They [manager] are supportive, and works with us, getting involved if we need a hand."

The manager had extensive care experience. They had commenced working at Defoe Court as a care worker 12 years ago. After obtaining a position as a senior carer they completed HC One's learning and development programme to become a health care assistant. They used their experience gained in this role to apply for the position of manager. The manager told us, "It is very important for me to be able to work in a home that provides excellent care. We all work extremely hard to make sure everyone is cared for and looked after as they wish to be. I have an open door, anyone can come and talk with me whenever and about anything. I am always willing to listen. I have worked my way up and have learnt such a lot along with way, I am so pleased with the way we are caring for people but I know we can always do more."

We found the manager demonstrated a comprehensive knowledge of the needs of people who used the service and we observed numerous supportive and affectionate interactions between them and people who used the service, including relatives. The manager and staff had a clear shared vision of the dignified and personalised care they wanted to continue delivering to people who used the service, in line with the statement of purpose. We found the manager had successfully established and maintained a culture that was focussed on providing compassionate care.

During the inspection we reviewed the results of the quality assurance feedback completed by people and relatives. Comments included, "Defoe Court is the best thing that has happened in years", "[Manager] and her staff are to be commended on this superb care home", "I think the whole place is lovely to me, you're all kind and I really love it and my family do too" and "Staff are quite alright, friendly and always cuddle me when I feel sad."

The provider held a kindness in care award. This award was presented to staff who had been nominated by people, relatives or staff for their kindness whilst providing support. Cards were available in reception to gain the views of people, relatives and staff. These were analysed to ascertain who had won the award. We viewed a selection of completed cards and found numerous positive comments. For example, Chef – she is the heart of the home, manager – shows the greatest kindness, [staff member] stands out as being special,

brings a smile to Mam's face.

The manager had implemented a 'resident of the day' system. We found records to demonstrate senior care workers reviewed the holistic support and care for two people on the same day each month. This included reviewing care plans with the person, where possible, looking at food likes and dislikes, social interests, and medicine records. Their room was deep cleaned by ancillary staff and furniture checked for wear and tear. The senior care worker met with the person to discuss any issues. Relatives were informed of the review and any changes that were made. The manager told us, "If relatives are visiting then we try and complete the review with them as well." This meant that people received a full care plan review on a personal level each month.

The quality assurance process included audits on areas such as care plans, and accidents and incidents. We found action plans had records to demonstrate actions had taken place with dates of completion. The manager sent information to head office on a weekly or monthly basis which included information relating to falls, weight loss, DoLS applications and any clinical governance.

The operations manager visited the home regularly to carry out compliance reviews where information about the quality and safety of the service were analysed as part of the services comprehensive action plan. We found actions and results were signed off when completed. They told us, "We are very proud of [manager] and how she is providing excellent care in the home."

We found the manager was visible in the service and was readily available for people, relatives and staff. We observed relatives approach her to discuss their relative's well-being. It was clear there were positive relationships between management, people and relatives. The manager told us, "I like to be seen around the home and am more than happy to help out, I often stay late in the evening so I can be available to those who visit during that time."

Staff meetings were held monthly and minutes were made available for anyone who could not attend. The manager told us, "We don't have to wait for a meeting if there is anything that needs to be discussed urgently then this is done at handovers." We found records to show meeting were held on a regular basis.

We found the manager held monthly quality governance meetings to disseminate information and to discuss concerns or issues. These were held with heads of all departments. Specific issues were discussed such as, senior carers, maintenance, housekeeping, staff news and updates. This demonstrated the manager ensured all departments were kept up to date and given the opportunity to voice concerns or issues allowing problems to be addressed in a timely manner.

We found the provider nurtured staff who wished to progress in their roles. Opportunities were available for care workers to take up additional study and training to become health care assistants. This initiative was part of the providers answer to the shortage of nurses. Health care assistants are able to carry out less complex nursing tasks providing support to nursing staff. The service currently has three nursing assistants and one working towards their qualification. The manager told us, "HC One have supported me all the way with my development. I find staff are becoming more motivated with their development due to the support they [provider] offer."

We also found that two of the nurses at Defoe Court had recently completed their revalidation. In order to support them the registered manager signed up to a nursing publication to ensure nursing staff would have access to up to date literature and guidance. The operations manager completed clinical supervision with the nurses to provide the required evidence needed to satisfy the Nursing and Midwifery Council (NMC). The

NMC are the body which registers nurses in order for them to remain on the nursing register.

The manager had supported staff members to become champions who had a specific interest in disseminating information relating to supporting people using the service. For example, an end of life champion, infection control champion and dignity champion were in place.

We found the manager had ensured Defoe Court remained part of the wider community, for example through inviting entertainers and other visitors to the service, arranging coffee mornings, celebration events and visitors from a range of Christian denominations. Local schools and academies visited the home to sing and play instruments. The home had recently held a fund raiser for two local teenagers who had been unwell. The manager told us, "Both had come to the home as part of the visits, we all wanted to do something for them. So we had a fund raiser and were able to get them gift vouchers. They are coming to open our garden party."

During the inspection we asked for a variety of care and policy documentation to be made accessible to us. These were promptly provided, accurate and up to date. We found the service to be well organised and appropriate notifications had been made to CQC.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. We found links with the Clinical Commissioning Group (CCG) relating to care and support. Other links included a partnership with a pharmaceutical organisation, who visited the service regularly to carry out medicine audits.

The manager used knowledge she had gained regarding the optimisation of people's nutritional intake linked to prescribed medicines and requested reviews of people's medicines to support an improvement in people's intake.

The service had been awarded a 'Focus on Undernutrition' certificate. The home was assessed by Durham and Darlington Foundation Trust dietetics team to demonstrate how they supported people with nutritional needs. The home made their own milk shakes rather than using prescribed supplements. The manager told us, "We use our own milk shakes all the time now when residents are at risk, they are made fresh every day with the residents."

We found Defoe Court had been nominated for the National Care Awards 2017, the manager was being interviewed during our inspection. One of the nurses had been nominated for Nurse of the Year at the National Care awards. Other awards the home have won were the Nursing assistant of the year 2016, HC One garden of the year 2016, Chef of the year 2016 and had also been identified as one of the 20 top recommended care homes in the North East.