Etheldred Healthcare Limited

Etheldred House Care Centre

Inspection report

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Ratings

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

Overall summary

Etheldred House Care Centre provides nursing and personal care for up to 82 people, some of whom are living with dementia. The home is divided into four "houses" that are called strawberry house, pear house, apple house and cherry house. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use.

The service had a registered manager in place. 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.

Our last inspection took place on 12 November 2014 when we found the provider was meeting all the regulations we looked at.

This unannounced inspection took place on 4 June 2015.

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Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and were very well supported by their managers. There

Summary of findings

were sufficient staff to meet people's assessed needs. Systems were in place to meet people's needs effectively and safely. Staff were aware of the procedures for reporting concerns and were proactive in protecting people from harm.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. They accepted and followed advice and guidance from other professionals. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. Where people were assessed as not having the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity. People, their relatives, staff and other professionals were encouraged to express their views on the service provided.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with specific and detailed guidance to provide consistent care to each person that met their individual needs. Changes to people's care was kept under review to ensure the change was effective. Staff supported people to take part in hobbies, interests and activities of daily living. There was a varied programme of group and one to one activities available to people.

The registered manager was supported by senior staff, including qualified nurses, care workers and ancillary staff. People, relatives and staff told us the home was very well run and that staff in all positions, including the registered manager, were approachable. People's views were listened to and acted on.

The registered manager continually sought to improve the service provided. The service demonstrated excellence by achieving nationally recognised accreditation for providing care for people who live with dementia.

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.

People living in the home were kept safe from harm because staff were aware of the signs to look for and the actions to take to reduce the risk of harm occurring. Staff were aware of the procedures to follow to report any concerns.

There were robust systems in place to ensure people's safety was managed effectively without restricting their activities. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to meet people's needs safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained and well supported. Staff knew the people they cared for well and understood, and met their individual needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's individual dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Staff were aware of people's religious and cultural values and beliefs and supported people with these.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain hobbies and interests and to access the local community to promote social inclusion.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The registered manager was well respected by staff, people, relatives and other professionals who told us the home was well run. Staff told us they felt valued and well supported.

Quality assurance audits were thorough and the service used feedback to continuously improve the service.

The service had achieved accreditation with Dementia Care Matters for the Butterfly Project as a specialist provider for people living with dementia.

Etheldred House Care Centre

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.

This unannounced inspection took place on 4 June 2015. It was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service. We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from six health and social care professionals who have contact with the service. These included a GP, a community mental health nurse, a Dietetic Assistant Practitioner, the local authority and an advocate.

During our inspection we spoke with 13 people and six relatives. We also spoke with the registered manager and 11 staff who work at the home. These included one nurse, three team leaders, two night care assistants, two day care assistants, one activities co-ordinator and two members of the housekeeping staff . Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at seven people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I definitely feel safe." A visitor told us, "[The staff] go out of way to make people safe." Another relative said, "When I walk through the door, I have no concerns or worries as [my family member] is in safe hands." A third relative told us that they had been concerned about their family member's safety when a new person moved to the home. They told us that staff had been pro-active and increased the staffing to support the new person. They said there was "no longer a concern about [my family member's] safety… My [family member] is 100% more safe here than [they were] getting to be at home."

Visiting professionals also told us they felt people were safe at the home. One said, "I call in frequently unannounced and have never seen anything that would concern me."

All the staff we spoke with told us they had received training to safeguard people from harm or abuse. They showed a thorough understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would raise issues with the [registered] manager. The safeguarding numbers are in the office, training room and near the hairdresser." Another said "I would escalate concerns. The safeguarding number is outside the café."

There were systems in place to reduce the risk of people being harmed whist still promoting their independence. Potential risks to people had been assessed. Guidance for staff had been put in place to make sure that they knew how to minimise any risks to each individual. Staff explained to us the ways in which they reduced risks. These included regularly repositioning a person at risk of developing pressure areas and monitoring people's food intake where someone was at risk of malnutrition. This was apparent from staff member's actions throughout the day. For example, one person who told us they liked to sit in the sun. We saw staff had helped a person to apply sunscreen and then regularly checked on them to make sure they were comfortable.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. One person's relative told us how the staff had "been pro-active" on their family member's behalf and how staff "anticipate and address any safety measures". For example, they told us their family member had fallen when trying to transfer without assistance. They said that staff, in consultation with the person and them, had installed a pressure mat by the person's chair, and "gently persuaded" their family member to keep their door open so that staff can look in on them.

Staff members told us about the importance of recognising situations that may arise and taking action to prevent harm from occurring. For example, one staff member told us about a person who banged loudly on doors and how this caused upset for other people. They told us how they worked with the person to divert their attention and reduce their anxiety levels, preventing potential incidents from occurring.

Staff considered ways of planning for emergencies. For example, a member of staff described procedures to be followed in the event of a fire. They gave an example of the appropriate action that had been taken when there was a burning smell from a water cooler in the kitchenette.

Staff told us that the required checks were carried out before they started working with people. One member of staff told us, "All the checks were in place before I started work here." Staff described checks having been carried out of criminal records, references and right to work in this county. The registered manager told us that when she interviewed for new staff she looked for staff with particular qualities. She said, "I want [staff] who will sit and hold [people's] hands and be patient." This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

People told us there were enough staff on duty to meet their needs safely, but that there wasn't always time for staff to sit and speak with them. One person said, "If I ring my bell they are here as quickly as they can, but they never have time to sit and talk." Another person said, "They are very good, they come very quickly in response to the call bell… They are all splendid, but there are sometimes not enough of them around if you just want to chat."

People's relative and visiting professionals told us they felt there were enough staff. One relative told us, "[My family

Good

Is the service safe?

member] always has a call bell to hand and I am amazed at the speed with which [the staff] come." A professional said they felt there enough staff from the, "low turnover [of staff] and good interactions with residents."

Staff also told us there were enough staff to meet people's needs. One told us, "Generally there are enough staff." Another said, "It is ok but busy. There is not a lot of time to spend with people and it's difficult when people want to chat."

We found that there were enough staff on duty to meet people's needs safely, although staff in some areas of the home were very busy. Staff monitored people's needs monthly, using a recognised assessment tool. The registered manager used this, in addition to general observations, to monitor the staffing levels required at the home. We saw that where an increase of staffing was required for safety reasons, this was actioned quickly. The registered manager had identified that some areas of the home needed increased staffing at key times of the day. The registered manager and staff members told us that these additional staff were being introduced within the next fortnight.

People were safely supported with their medicines. People told us they always received their medicines on time, were told what it was for and were supported to take it in the way they preferred. They said if they requested pain relief, they received this promptly. One relative told us, "Medication always seems to be administered on time and correctly, and they will always notice if extras such as [type of medicine] are required."

A visiting health care professional told us they felt medicines were administered "safely and carefully." Another told us that they had had a concern about someone's medicines but that when this was raised with staff if was "dealt with immediately."

We saw medicines being administered during our inspection. We observed that staff were respectful of people's dignity and practiced good hygiene. Staff sought consent from the person before administering their medicines and reminded people what medication they were taking was for.

Staff who administered medicines confirmed that they had received training and that their competency to administer medicines was assessed by senior staff. The arrangements for the storage, handling and disposal of medicines were satisfactory, with accurate records having been maintained.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the right skills to support them or their relatives. One person said, "They are well trained." One person's relative said, "I feel confident in staff knowledge. I hear of many training and refresher session that they are all taking part in." Another told us their family member was "very well cared for by knowledgeable staff."

Visiting professionals also shared this view. One told us staff were "well trained especially [in] dementia [care]." Another told us they felt staff were "well trained, especially in nutrition support." A third told us they provided regular training sessions to staff throughout the year and that these were well attended.

Staff were enthusiastic about their work and told us that there was a training programme in place which ensured they had appropriate training to meet people's needs. They gave examples of the online and face to face training they had received. This included medication awareness, fire safety, end of life care, food hygiene and infection control. Staff, including ancillary staff, told us they had attended a two day course in dementia awareness. They said they "found it interesting" and that it helped them understand people better. One member of the ancillary staff said, "We need to know about the residents because we have a cup of tea with them and walk around with them." Another staff member said that part of the training was to do activities that helped them understand what it was like to be in the "shoes of people with dementia."

Staff also told us they were encouraged to complete vocational training. The registered manager provided us with information that showed that 30 staff members had completed a national vocational qualification (NVQ) in health and social care. Staff were encouraged and enabled to keep up to date with current best practice. For example, one staff member told us they had completed a one year Dementia Care Matters diploma. They said it "made me much more aware of what could go wrong if things are not done properly." This showed that staff were trained to understand and meet the needs of the people they were caring for.

There were a variety of staff "champions" at this home in subjects including moving and handling, medicines management and Parkinson's disease. The registered manager told us that champions were chosen for their experiences, values or expertise in an area. Champions shared their experience and learning with other staff and relatives at the home, and across the provider's other services in order to improve the care provided to people.

Staff members told us they enjoyed their work and felt supported. They described formal group and one to one meetings with senior staff in addition to informal supervision. One member of staff said, "I am supervised by the nurse every few weeks, and we have staff meetings about once a month." Comments about this included, "I feel well supported" and "It's a time to look at our practice as individuals" and , "I feel it's developed me [professionally]." This showed that staff were well supported and supervised by their managers.

People told us that staff respected their decisions. One person said, "[The staff] suggest what times I get up or go to bed, if I say I don't want to they don't make me." Another told us, "They always ask my permission before they do anything." One person's relative described decision making as, "Structured persuasion in my relatives best interests – if [my family member] absolutely refused to do something they would not force [them], but they actively encourage [them], e.g. to get dressed and sit in [their] chair. The balance is just right. [Staff] accept and respect lifestyle choices e.g. that [my family member] doesn't want to take part in activities and prefers to stay in [their] room."

People's capacity to make day to day decisions had been assessed by senior staff. Where people lacked mental capacity to make decisions, they had been supported in the decision making process. This involved people who knew the person well, such as their relatives, other professionals and or advocates. This meant that people's rights to make decisions were respected.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff spoke knowledgably about this and all staff described how they supported people, offered choices and respected decisions. One member of staff told us, "We respect [people's] decisions even if we think they are wrong." The registered manager confirmed they had made applications under DoLS to the supervisory body to deprive some people living at the home of their liberty in order to keep

Good

Is the service effective?

them safe. At the time of our inspection the authorising body had not made a decision on these applications. This showed that staff understood and ensured that people's legal rights were respected.

People and their relatives spoke favourably about the quality, quantity and choice of food that was provided. Two people told us, "The food is very good." Another told us, "We are well fed." One relative described the food as "straightforward, well cooked, just how we had it at home and just how [my family member] likes it." People and their relatives also said staff ensured people drank plenty of fluids. One person's relative told us they saw drinks being offered regularly. Another told us, "[The staff] are very good at keeping [my family member] hydrated."

We saw that staff respected people's decision about where they wanted to take their meals and assisted them where appropriate. Staff encouraged people to be as independent as possible with their meal. For example, they assisted people to help themselves from tureens and cutting up food if the person was not able to do it themselves. Staff ate their meals with people to promote social engagement at mealtimes. We saw they chatted with people and provided encouragement to eat. People were provided with assistance when they required it. Staff gave each person the time they needed and did not try to rush them.

Special diets were provided to people who required them and people were referred to a dietician when needed. One person's relative told us that their family member would often not want to eat. They said staff "will make [my family member] anything [my family member] wants to try to tempt them to eat." This included "nourishing drinks." This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately.

A health care professional who specialised in nutritional support told us staff "call and ask my advice … or for ideas on how to support a resident's nutritional intake. They are excellent at providing homemade supplements … [Whenever] I suggest something to support a resident's nutrition it is always done without any hesitation."

Other visiting professionals agreed that staff refer people to them appropriately, sought advice and followed their guidance. One professional said, "Staff … are willing to assist in any way they can. They are always open to advice and support."

People told us that their health care needs were met. One person said, "[The staff] would call a doctor if I needed one." Another person told us, ""There is absolutely no problem accessing health care professionals." One relative said that if there were any health issues, "They will ring me and say 'we think there might be a problem, so we are calling the doctor' … they will do something about it." Another person's relative told us, "If there are any medical problems, they call the doctor in straight away."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

The registered manager told us that feedback from people and relatives had led to various communal areas of the home being developed for people to socialise in addition to the house lounges. For example, there was a cinema room, "Ethel's café" with a coffee machine, seating inside and patio doors leading to further seating in the garden, and a children's room with a range of toys for children of various ages. This showed that staff encouraged people to maintain relationships with other people.

It was clear that thought had been given to the décor in these areas and the hairdresser's room to make them comfortable and interesting places to be. This continued in the houses where considerable effort and imagination had been used to make the hallways and corridors homely and interesting, whilst meeting fire regulations. The house lounges were comfortable and homely and people's bedrooms had been personalised with their belongings which staff encouraged them to bring in. There was clear signage throughout the home to help people find their way around.

Good

Is the service caring?

Our findings

People commented very positively about the staff. They told us staff were kind, caring and respectful. One person said, "[The staff] are very nice, helpful, supportive and respectful." Another told us, "The staff are kind. They do respect me. We have a laugh and a joke. [We] banter." Two other people told us, "The staff are marvellous…We are on good terms with them. We have a laugh and a joke." Relatives also made positive comments about the staff. One described the staff as "very patient and caring." Another said, "The staff are so patient and consistent in their response, nothing gets to them. They are amazing and happy, they all muck in. You can tell they are motivated… a real team."

This view was shared by visiting professionals. One told us, "I find Etheldred a compassionate and caring environment for my patients. The staff are considerate and proactive in their approach to care." Another said, "I hold Etheldred in the highest regards and find the direction and care given [to be] outstanding."

Overall we saw interactions between staff and people who used the service were caring and appropriate to the situation. However in one area of the home we noted that interactions with people were limited. For example, we saw a care worker assist a person to eat their lunch. The care worker did this gently but with no interaction. We also saw two occasions when people were assisted in wheelchairs in or out of a lounge with no information or communication from the care workers assisting them. People in this area of the home also told us staff did not have time to sit and speak with them. One person told us, "The staff are nice, but no-one comes and talks to you." Another person said, "They don't usually sit down and chat."

Staff knew people well and told us about people's history, health, personal care needs and preferences. One relative commented, "Staff have made a lot of effort to understand [my family member]... they understand where [family member] is at and act accordingly." Relatives said they had been consulted about care plans, and had been asked to provide as much information about their relative's backgrounds and likes/dislikes as they could. A relative told us they had been "very impressed" and "touched" by the level of care provided when one person's spouse had died in that staff had maintained the routines that the person's spouse had set up with the person. A member of staff told us it was "important to talk to [a person's] family and find out what they were like 30 and 40 years ago." Another said they "did a lot of life history work" and that this helped them to understand people's actions and behaviours. A third member of staff said that this knowledge made it "much easier to empathise" with the people living at the home.

Staff were also aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans and was taken into consideration when care was delivered. A prayer room was available for people to use. This was tastefully decorated with a piano, organ, flowers and religious ornaments, such as a crucifix. This room hosted weekly religious services which were well attended. Arrangements were also in place for leaders from specific churches to visit and administer communion to people.

Everyone told us that visitors were made welcome at the home. One person told us, "I like it that my relatives can visit whenever they want, and they are allowed to bring the dog." We saw there were various areas of the home for people to socialise in addition to the house lounges.

There were clear notice boards throughout home. People and their relatives were provided with an information pack about the home which was available in various languages, braille and audio versions. The provider produced a regular newsletter which was made available to people and their families advertising what events had taken place in each of their homes.

People were supported and encouraged to make day to day decisions. For example, one person told us, "I go to bed when I want and I get up when I want." We saw people being asked what they would like to eat and drink and how they would like to spend their time. Information on accessing advocacy services was available in the home. An advocate told us that the staff at the home had made appropriate referrals to their service and that advocates were welcomed in the home. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

People and their relatives told us that staff respected their or their family member's privacy and dignity. One person said, "I can't do very much for myself, but they always treat me with respect." Another told us, "[The staff] seem to take it in their stride, and never make you feel embarrassed."

Good

Is the service caring?

One relative said, “My [family member] needs everything done for [them], but it is all done in a very dignified way. [The staff] automatically pull curtains and shut doors… I see carers adjusting people’s clothing, and covering them up if necessary.”

Visiting professionals also agreed with this view. One told us staff treated people “With respect, dignity and appropriate humour.” They went on to say that, “[Staff ensure] all care is undertaken in private and consented to …encouraging residents to do what they can for themselves.” We noted that care was provided in a discreet manner and records were written in a respectful way. This showed that staff respected people’s privacy and dignity.

Good

Is the service responsive?

Our findings

People, and or their family members, said that staff met people's care needs. One person told us, "They look after me lovely here." A relative said "Staff seem to anticipate people's needs." A member of staff told us, "A lot of [people's] care is based on what [they] preferred before [they] came in here. Eg a shower twice a week. We're flexible like that and try to keep families involved [in people's care]."

Visiting professionals told us they felt people received personalised care that met their needs. One said, "on many occasions [this had] surpassed any expectations." Another commented on the significant improvement in a person's wellbeing after they moved to the home.

We found that staff were knowledgeable about people's needs and preferences. People's care needs were assessed by a senior member of staff and people were encouraged to spend a day at the home before they moved in. People were involved with their care plans as much as was reasonably practical. Where people lacked mental capacity, people's families, other professionals, and people's historical information were used to assist with people's care planning.

Care plans were regularly reviewed and when people's needs changed the care plan was updated. This meant that staff had current, up to date information about how to meet people's care needs. The care plans provided staff with specific and detailed guidance on how to meet each person's needs and considered people's preferences and choices. This helped staff to ensure they provided consistent individualised care, safely and in the way the people preferred based on the things that were important to each person. Examples included guidance on assisting people to move, eat and their mental state. For example, a description of how the person behaved when unsettled and suggestions for staff on how to support the person to reduce their anxiety. We noted that care plans explained what people were trying to communicate to staff where this was known. For example, "knocking on the door is my way of informing staff I'm ready to go for a walk." Staff were aware of this information which meant they were able to respond appropriately and meet people's needs.

People and their relatives told us that staff were responsive to people's changing needs and preferences. For example, a relative said told us that staff had recently suggested their family member moved to another part of the building that was much quieter. They told us their family member, "finds it difficult to handle noise. [The staff] are going out of their way to ensure that any noise is palatable [to my family member]."

Staff supported people to take part in hobbies, interests and activities of daily living. Care records showed staff had obtained information about people's interests and encouraged these to be maintained and new interests developed. People had mixed views about whether there was sufficient activity to keep them interested and occupied. One person told us, "There is a lot going on." They spoke of group activities they joined in and of entertainment and trips out that they enjoyed. However, another person said, "We get taken out of the building most days…It's alright here, but there is not enough activity. We need more games, fun, quizzes and enjoyment."

There was a schedule of activities on display around the home which showed that various group activities were organised every day in the houses. For example, during our inspection we saw small groups of people arranging flowers and painting. In addition people were also encouraged to participate in momentary activities and be involved with everyday tasks around the home. For example, setting and clearing tables and watering plants. One person told us "It's nice to go and feed the chickens." They went on to tell us they liked spending time in the "really nice garden." Another person's relative told us, "The staff are brilliant with [person]. Music is [their] passion, and [staff] will have a bop with [person] …They really know [my family member] well. [Person] also used to like gardening and it is great that [person] can pop in and out of the garden whenever [person] wants."

Two visiting professionals commented that staff encouraged people to pursue their interests. One told us they had noted that staff, "Incorporate [people's] past interests and hobbies in their care." They said for example that staff had assisted on person to build a model railway and supported another person to visit a betting shop.

People and relatives told us that the staff marked seasonal and other celebrations with parties and entertainment. For example, Mother's Day, birthdays Red Nose Day. Some people chose to spend their time more quietly. One person's relative told us, 'The activities co-ordinators are

Good

Is the service responsive?

wonderful and there are plenty of things going on, such as outings, but my [family member] has got to the state where [family member] doesn't want to do anything. [The staff] have tried to encourage [family member] but [family member] just ... is happy just ….listening to his music."

Everyone told us they were confident in raising any concerns they had with the registered manager or other staff and felt their concerns would be addressed quickly. One person said, "I would know who to speak with about any problems." Two other people told us, "I could talk to any of the staff about problems." One relative commented that the registered manager was proactive in recognising potential problems and dealing with them quickly. For example, ensuring there were sufficient staff available to meet everyone's needs. Information about how to make a complaint was available throughout the home and in the home's information pack. Staff had a good working knowledge of how to refer complaints to senior managers for them to address.

Good

Is the service well-led?

Our findings

People said they were happy living in the home and felt well cared for. One person said that the registered manager and care manager "pop by and ask me how I am getting on." All the relatives were very impressed with the way the home is run. One told us, "The manager runs a tight ship. She is always very cheerful and smiley, but she likes everything to be done just right, and I am pleased about that." Another said, "The manager is really on the ball. I often see her around the home and she always knows how my [family member] is."

Visiting professionals were also very complimentary about the management of the home. One told us about the "good leadership" at the home. They went on to say the registered manager had the ability to "bring staff along" with them "to meet challenges and succeed despite the odds." This was particularly in relation to providing care to people whose needs had not been met at other homes. Another professional told us, "Etheldred House is in my view an exemplary case where a home strives for excellence in the care of its residents...the home is excellently managed."

The registered manager had been in post for seven years. They were supported by senior staff, including qualified nurses, care workers and ancillary staff. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people living at this home.

Staff also praised the management of the home. They told us that managers were visible and approachable. They said they felt very well supported and it was clear they felt valued. They told us senior staff were always available to provide support or advice if they needed it. One staff member told us how the senior team had supported them through personal bereavement and the difficulties of travelling to work during bad weather. They said, "It's the little things that make a big difference." All staff we spoke with were familiar with whistle blowing procedures. They told us they felt confident about reporting any concerns or poor practice to their manager and could raise issues individually or in meetings.

The provider issued newsletters to staff, relatives and people with information about any updates to the service and what had been going on in each home. When asked if they felt part of the local community, most people said they did not. One person told us, "I am involved in going to church, and when I go on outings to the garden centre or local café's but that is about all." One visiting professional told us, "[There are] regular social events where local people can visit and join in. Where a resident's past has been to visit the local pub that had been facilitated." The registered manager told us that during the recent general election people were supported to cast their vote. People were offered postal votes, other chose to take a taxi or be assisted by staff in wheelchairs to get to the polling station.

In addition to supporting people to go out, staff encouraged visitors into the home. They encouraged people's relatives to visit and the registered manager and staff had links with various external organisations, including links with local community groups. Examples of these were a men's group that used a room at the home, volunteer visitors and entertainment from local schools, and links with the local knitting club who provided knitted blankets for people at the home. This showed the staff supported people to be socially inclusive.

The staff team have been creative with communal areas at the home, providing areas with different "feels" to meet people's particular needs. For example, the registered manager told us that the management team had found some people were reluctant to leave the home. The registered manager told us that it "was almost as if the people see Etheldred House as their 'safety blanket' and did not want to leave". Therefore they had created areas such as a café with both indoor and outdoor space, a children's room with toys and games and a shop for people to buy small items. These areas provided people with a change of scene and time away from the houses.

The registered manager sought feedback from people, their relatives and other professionals and staff in various ways. This included regular group meetings for people living at the home, their relatives and different staff groups. Minutes showed these were opportunities for the management team to impart information and to receive feedback on the service provided. Relatives meetings were also used as an opportunity for external professionals to give "talks" on various topics. For example talks included end of life care by a specialist nurse and power of attorney by a solicitor. The registered manager told us that they offered to meet with all relatives individually every six to

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eight months to discuss their family member's care. One relative told us they met once a year with the registered manager and care manager "to go through everything. They are very approachable."

The registered manager also sought feedback through annual surveys and took action to improve the service. We saw the results of surveys conducted in March 2015 and how these had been used to make improvements to the service. For example, changes to the menus. Where it had not been possible to make the suggested improvement, this information had been included in the report so everyone was aware of the reasons for this.

People, relatives and staff were confident that systems were in place to ensure the quality of the service provided. One relative told us, "I am particularly impressed that [the registered manager] does one night shift a month." The Registered Manager told us this was a monthly unannounced night audit when they then stay for the remainder of the night and use this time to work alongside the night staff. A staff member told us, "Management are always on top of things. They check and check and check. If they see something they remind us straight away. [The registered manager and senior staff] go round the [home] every day to see all resident s and staff."

The registered manager showed us that there were systems in place to regularly assess and monitor the quality and safety of the service provided. They told us, "The people living at Etheldred House are at the heart of every decision we make and action we take." The registered manager produced a weekly management report for the provider. This information included any actions that had been taken to address situations. Information being monitored on these reports included people's weight gain or loss, any pressure ulcers, specialist equipment, and complaints received. The registered manager also conducted monthly audits. These included environmental issues, the care provided at weekends and nights, medicines and housekeeping.

We saw that the registered manager and staff were constantly striving to improve the service they provided. During our inspection we found it was not easy to monitor people's food and fluid intake on the electronic records in use at the home. The registered manager told us they had recently identified this and showed us evidence that this was being addressed with the software company to improve the system so this information was easily accessed.

Staff told us the provider recognised and celebrated good practice. For example, to recognise and reward the hard work and dedication of staff, the provider had introduced an employee of the month scheme. People, relatives, professional visitors and staff were encouraged to nominate members of staff for this award each month.

The service demonstrated excellence by achieving accreditation on the Butterfly Project through Dementia Care Matters. This project focused on creating a culture of person-centred care for people living with dementia, enabling staff to be "partners in care" with each person rather than "in control". The registered manager told us that considerable work was done to improve the environment and create a "homely feel". This included the development of each area of the home into separate "houses" and the themed communal areas, for example "Ethel's" shop, the family room and café. The home had featured in a published book and television programme showing excellence in dementia care. Within the last two years the chef entered several competitions and was a finalist in the 'British Roast dinner week' competition, a national competition for care homes. The registered manager told us that all the menus put forward for the competitions were discussed with people living at the home.

The registered manager and staff shared their expertise with other professionals and those interested in providing care. For example, the registered manager and care manager have given talks at relatives' meetings, national conferences including the National Dementia Conference and UK Dementia Conference, and to other care providers about providing care to people living with dementia. The nurses at the home have provided mentorship to student nurses from several universities. We saw a letter thanking staff for the high quality of the mentorship they had provided to students.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is

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information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.