

Berkley Care (Warwick) Limited

Leycester House

Inspection report

Edge Hill Drive
Warwick
Warwickshire
CV34 6XQ

Tel: 01926357210
Website: www.leycesterhouse.com

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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 ●

Summary of findings

Overall summary

This inspection took place on 22 March 2017 and was unannounced.

Leycester House is registered to provide accommodation with nursing and personal care for up to 78 people. Leycester House is a new, purpose built home in which care is provided across three floors. Residential care is provided on the ground floor, nursing care on the first floor and the second floor is for people living with dementia. The home opened in September 2016 and at the time of our inspection visit there were 19 people living there. This was the first inspection of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and secure living at Leycester House. Staff understood their responsibilities to keep people safe, and were encouraged and supported to raise any concerns about people's health or wellbeing. Risks to people's safety had been identified and assessed and care plans contained risk management plans for staff to follow to keep people safe.

There were enough staff on duty to keep people safe and be responsive to their physical, social and emotional needs. Staffing levels allowed people to make full use of all the facilities the home had to offer, and go out on trips in groups or individually. The provider's interview and recruitment process ensured risks to people's safety were minimised, and that staff with the right skills, knowledge and values were brought in to work at the home. Staff received the right training and support to carry out their roles effectively.

The registered manager and staff were clear about their responsibilities to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff recognised the importance of respecting people's right to make their own decisions.

People were supported to eat and drink enough for their needs. People enjoyed the quality of the food and said they always had a choice of a meat, fish and vegetarian option at lunchtime. People's records included a nutritional assessment and care plan for those identified as at risk.

People were supported to maintain good health and to access healthcare services when needed. Records showed that medicines were managed and stored safely and people received their medicines as prescribed.

People told us all the staff were kind, sensitive and caring in their approach. People had developed friendly relationships with each other and staff played an integral part in ensuring they were happy, supported and well cared for. People valued the staff and staff evidently cared about people and enjoyed working in the home. Staff respected people's right to privacy and dignity.

The provider's philosophy was to create a friendly, welcoming environment for the people who lived in the home, as well as their family and friends. Visitors could share meals at no extra cost and told us they always felt welcomed by the staff.

Each person had a care plan which was detailed and written around their individual needs and contained valuable person centred information. Staff understood people's needs and preferences and were interested in them as individuals.

People were supported to take part in activities they found meaningful and fulfilling and were given opportunities to develop new interests. People were offered regular entertainment and people from the local community were invited to attend, as well as family and friends. Activities and entertainment had a positive effect on keeping people motivated and socially involved.

The provider's vision and values to provide high quality care was understood and shared by staff. All staff had a sense of pride and ownership about providing a high standard of care within the home.

The provider recognised that an essential ingredient of delivering good care was a consistent staff team who knew people well. They offered an enhanced remuneration package to recruit and retain staff with the required skills and values. Staff had confidence in the provider and management team because they were approachable and valued their opinions.

The provider was confident that the processes and procedures that had been implemented would continue to support the delivery of high quality of care as the home scaled up to full capacity.

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.

Staffing levels ensured people received safe, effective care and were able to live their lives as they wished. The provider's recruitment procedures ensured only those with the right values were employed at the home. Risks to people's health and wellbeing had been identified and risk management plans provided staff with the information to keep people safe. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who received training and support to provide effective care. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People were able to choose from a varied menu and supported to eat and drink enough to maintain a balanced diet. People had access to healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People valued staff who they told us treated them with great kindness, care and friendship. Staff respected people's choices and supported people in a caring and dignified way. The home provided a caring environment for people and their visitors to spend quality time together.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained valuable person centred information which

guided staff to provide support that was responsive to people's individual needs and preferences. People had access to a wide range of activities that supported them to follow their hobbies and interests and develop new ones. People told us they would not hesitate to share any concerns they had with staff.

Is the service well-led?

The service was well-led.

Staff were enthusiastic about the service and understood and shared the provider's vision to deliver high quality care. Staff enjoyed working at Leycester House and felt supported by a management team who valued their views. People and relatives were encouraged to share their opinions about the quality of the service to ensure planned improvements focused on people's experiences.

Good ●

Leycester House

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 22 March 2017 and was unannounced. The inspection was undertaken by two inspectors and a specialist advisor. A specialist advisor is a qualified health professional.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The Commissioners did not share any concerns with us.

We spoke with 10 people and one relative about what it was like to live at the home. We spoke with the deputy manager, two nurses, three care staff and three support staff about what it was like to work at the home. We spoke with the registered manager and a director from the provider company about their management of the service. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Leycester House. Every person we spoke with said the staff, managers and the provider could not make them feel more at home. One person said, "You only have to look at the staff, they can't do enough for you." Another explained they felt safe, "Because there are so many staff round and about." A relative told us they were confident their family member was safe and well cared for. They said, "We can see the level of care and their pain is well controlled."

Our conversations with staff showed they were dedicated to keeping people safe and were constantly checking throughout the day that people were alright. We saw people were relaxed in staff's company and people's behaviour and response to staff's approach demonstrated they trusted staff.

People were safe because they were protected from the risks of abuse. Staff understood their safeguarding responsibilities and the need to be aware of people who became withdrawn or 'not themselves'. One staff member told us, "If I saw any abuse I would be the first to pick up the phone. If I didn't I would be as guilty as them. I need to sleep at night." Other staff told us they had would have no hesitation to report poor practice to senior staff and were confident action would be taken. Staff said if senior staff or managers were involved in safeguarding incidents, they would escalate their concerns to the provider.

The registered manager understood their obligations to report any safeguarding concerns to the local authority and to us. They explained, "Any time I thought a resident was at risk of harm, I would safeguard it." No referrals had needed to be made to the local authority safeguarding team since the home had opened, and no concerns had been raised by relatives or other agencies.

People told us there were enough staff to support them, which made them feel safe. People said whenever they needed assistance or support from staff, "You only have to ask." People said staff were quick to respond and whatever they needed or wanted, "Nothing was too much trouble."

A senior member of care staff told us they were responsible for the management of the care staff on duty on their floor. They explained that staff worked as a team and they had good communication links with staff and nurses on other floors to ensure people were observed and well looked after at all times.

All staff told us there were enough staff on duty to keep people safe and be responsive to their needs. Staff told us they had enough time to assist everyone without rushing and there was always good cover and support from other members of the team. Staff told us people were encouraged and supported to go out on unplanned outings, and there was flexibility in staff rotas to safely support those who wanted to go out and for those who chose to stay at the home.

The registered manager used a dependency needs analysis tool to determine how many staff were needed on each shift. People's abilities and needs for support were analysed and recorded to identify how many staff were needed to deliver care safely. At the time of our inspection visit the home was being staffed to support 30 people, although there were only 19 people living in the home. The registered manager was

confident that as new people moved into the home, the staffing levels were already in place to ensure people's needs could be met. However, they explained that while the home was establishing itself and new staff were being recruited, inducted and trained, they would only accept people if they were confident they had the necessarily skilled and experienced staff to meet people's specific needs. They told us, "I would assess people very thoroughly and if I felt we couldn't get the right equipment or meet their needs, I wouldn't take them."

Nurses and care staff were complemented by event organisers, domestic and laundry staff, catering staff, hostesses and administrative staff. This meant nursing and care staff could concentrate their time on delivering care.

The registered manager told us the provider's interview and recruitment process ensured risks to people's safety were minimised, and that staff with the right skills, knowledge and values were brought in to work at the home. They explained, "I'm looking for a kind, caring attitude and people who can work well as part of the team. I am also looking at experience at the moment while we are new." Staff had to wait for references to come through and be verified before they started working in the home. The provider also checked whether the Disclosure and Barring Service (DBS) had any information about potential new staff. The DBS is a national agency that keeps records of criminal convictions. The registered manager told us that new staff completed a six month probation period, and were only offered a permanent position if they had completed their probation successfully.

Risks to people's safety had been identified and assessed and care plans contained risk management plans for staff to follow to keep people safe. These included plans about how to support people with limited mobility, those who suffered pain or how to support people's pressure relief so they did not develop sore areas on their skin. There was clear documented evidence in relation to pressure area care and other physical wounds that required treatment. Risk assessments were reviewed regularly to ensure any necessary changes in people's care and support was included in their care plan.

We looked specifically at the records of one person who had experienced a number of falls whilst living at the home. Records relating to the falls had been comprehensively maintained and included photographic evidence of any injuries sustained. There were risk assessments and care plans in place to minimise the identified high risk of falls, and to keep this person safe. The person had also been referred to the occupational therapist for an assessment to ensure they had the correct equipment to maintain their safety.

Staff told us they followed instructions in care plans when supporting people. We spoke with one person who required staff to use a hoist when transferring them from their bed to a chair. They told us they felt secure and safe during the process.

Medicines were stored safely and at the recommended temperature to ensure they remained effective. People's medicines administration records (MAR) included their photograph so staff could be confident they administered the right medicines to the right person. Records showed staff signed when people's medicines were administered and recorded the reason when people did not take their medicines.

Some people were prescribed medicines that were to be taken 'as required'. Administration of these medicines was supported by clear, patient centred protocols.

One person was on regular pain relief, but on the day before our visit they had experienced breakthrough pain. They told us nursing staff had responded quickly to ensure their pain was under control.

Another person was able to self-administer some of their medicines. There was a risk assessment and checks in place to support this person to take responsibility for their medicines safely and to maintain their independence.

Staff received health and safety, first aid and fire training when they started working at the home to prepare them for dealing with any emergencies. Each person had a personal emergency evacuation plan (PEEPs) so staff and the emergency services would know what support they needed to evacuate the home. A copy of all the PEEPs was kept at the reception so they were easily accessible. There was a service continuity plan to inform staff what actions to take in the event of a loss of vital services such as power or water.

Is the service effective?

Our findings

People felt confident in the staff who supported them and met their nursing care needs. We asked one person why they felt so confident and they responded, "Because of how they look after the patients." Another person told us, "I'm amazed because I didn't know places like this existed." In a recent questionnaire, one person had particularly commented on the "professional standards of care".

The provider ensured staff were given the skills and knowledge they needed to support people safely. Staff told us they had the right training and support to carry out their roles effectively.

Newly recruited staff said they completed an induction which involved working alongside experienced staff members before they provided care on their own. They also received training in areas which the provider considered essential to provide safe and effective care. This included training in moving and handling people, infection control, care planning and safeguarding. It also included training in specific health conditions such as dementia awareness, understanding epilepsy and supporting people with behaviours that could sometimes be challenging. One recently employed staff member said, "I had training when I started, watched videos and followed experienced staff. I begin further in depth training shortly." They told us they used the time when shadowing to refer to care plans so they had the necessary information to support people when they felt confident to do so.

The registered manager told us that all new staff would be required to complete the Care Certificate during their probationary period unless they had already obtained a nationally recognised qualification in health and social care. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate, high quality care and support.

A training record was held by the registered manager, which outlined training each member of staff had undertaken and when. Training was to be regularly refreshed to ensure staff kept up to date with best practice. One staff member told us about the dementia training they had received. They explained the training was an "eye opener" of what it was like to live with dementia. They explained, "We wore special gloves, glasses and walked with spiky insoles in our shoes. It made me realise what it was like." They said the training had helped them when supporting people living with dementia as they had a better understanding of how it affected their senses and behaviours.

Nursing staff reported having ample training provision in areas such as caring for people with dementia, catheter care, tissue viability and percutaneous endoscopic gastrostomy (PEG) care. A PEG is where people receive nutrition and/or medicines via a tube directly into their stomach. Two members of nursing staff were trained and available to take venous blood samples.

We observed staff during our visit. They looked confident in their role and worked following safe practice.

Staff told us they felt supported in their role and had regular opportunities to talk with senior staff if they

needed to. A senior member of staff said they completed regular one to one meetings with care staff and used some of these meetings as an opportunity to refresh staff knowledge. They explained they held 'bite size sessions' on specific topics such as the importance of promoting food and fluids. One staff member explained they found these meetings useful. They said, "I like to know I've got the support and if I lack in any area, I've got the help there if I need it." A member of nursing staff told us, "Senior staff are all very approachable on any aspect or issue related to them or the home."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff understood the principles of the Act and assumed people had capacity to make everyday decisions. One staff member told us they had received training in the five principles of the Act and understood the importance of following the code of conduct within the Act. They had memorised a prompt to guide them. They explained their responsibility was, "To always assume the person has the capacity, but at times they can be more confused and make unwise decisions and choices. At those times you reassure, guide and help them to come to their decision. Failing that, it is to act in their best interests using the least restrictive option." Staff understood that people's ability to make decisions could fluctuate if, for example, they were unwell or suffering from an infection.

During our visit we saw staff checked with people first to ensure they needed assistance, rather than just assuming they did. Staff recognised the importance of respecting people's right to make their own decisions. Staff told us seeking consent from people came naturally as part of their everyday practice. We saw many examples during our visit when staff offered people choices, such as where to sit, what to do and what to eat and drink.

We asked one person if they were still able to make their own decisions about their life and care and treatment. They responded, "I'm in control of my life. It is not compromised in any way." Another person told us they had chosen to stay in bed that day, and their decision had been respected by all the staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities under the legislation. They had identified people whose care plans contained some restrictions to their liberty and had submitted the appropriate applications to the authorising authority. One member of staff told us that copies of the applications were contained within people's care plans so they understood when and why some restrictions were necessary.

People were supported to eat and drink enough for their needs and had a choice of meals and where they wanted to eat them. People told us they enjoyed the quality of the food and said they always had a choice of three meals at lunch time. The chef told us every day there was a meat, fish and vegetarian option. After every mealtime the chef spoke with people and asked if they had enjoyed their meal and if there was anything different they wanted next time. The chef explained they had no hesitation in providing any foods people wanted. They said, "One person wants stewed puddings so they have one every day if they feel like it. I am here to cater for them and what they want, they can have." They went on to explain, "Here we don't compromise on choice and quality." They told us at lunchtime one person had asked for a field mushroom

omelette. There were none in stock, but the chef explained, "That was okay, we went out and got some."

Drinks were readily available to people with meals and in between times. These were not only provided on each floor, but a coffee/drinks bar on the ground floor was open and run by a specific member of staff from 10.00am daily. One person who chose to spend most of their time in their bedroom pointed to a jug of water and told us, "That is changed all the time." Snacks and fruit were available throughout the day.

Risks to people's nutrition and hydration were minimised. The provider used a recognised assessment tool to identify whether people were at risk of poor nutritional intake which affected their health and well-being. People's records included a nutritional assessment and care plan for those identified at risk. The chef told us they knew about people's dietary needs and preferences because this information was shared with them. There was correctly recorded detail of both food and fluid intake for those people identified at risk of poor nutritional intake. Staff monitored people's weight to identify any changes that might require further investigation by an appropriate healthcare professional.

People were supported to maintain good health and to access healthcare services when needed. People we spoke with were happy with the health care they received and told us staff were proactive in seeking advice. One person we spoke with said they had been referred to a physiotherapist who had helped them regain strength and movement in their lower leg. Another person had been referred to the occupational therapist because of their high risk of falls.

Is the service caring?

Our findings

People spoke warmly about the staff and were pleased with the care and support they received. Typical comments included: "I am very well looked after", "They are all so kind, there isn't anybody who isn't kind here" and, "They do everything to see you are comfortable and feel looked after."

During our inspection visit, it was clear people living in the home got on well with each other, as well as the staff. People sat and talked together and enjoyed each other's company, but were respectful when people wanted to be on their own. People forged their own relationships with each other, and staff supported this by ensuring people were happy, comfortable and relaxed.

People told us all the staff were kind, sensitive and caring in their approach. One person said, "I am very well looked after by the staff, everything is done for you." This person went on to say, "Staff are very kind, whenever you call them, they smile." Every person we spoke with said staff were always smiling, happy to help and if they needed any emotional support, staff were on hand to help them. During our visit, we saw one person was confused and anxious because they could not find their relative. Staff spoke softly with the person and explained where their relative was and why they were not with them. Later in the day we saw this person relaxed and enjoying a coffee in the bistro with another family member and saying how much they had enjoyed their day.

People valued the staff and how they responded to them. Staff smiled a lot, used positive language and engaged with people in a way that was centred on the person. One person said their relative was not feeling well and staff were regularly checking on their health and welfare. We saw staff talking with this person and it was clear there was mutual respect for each other, especially each other's sense of humour.

People were supported to maintain relationships with family, friends and those important to them. Relatives told us there were no restrictions on when they could visit or how long they could stay. Families and friends were encouraged to have meals with their relatives at no additional cost. Staff recognised the importance of celebrating memorable family events and including the wider family circle. One person told us how they had recently enjoyed a 'private dining experience' to celebrate their wedding anniversary with family and friends. They told us they enjoyed the celebrations and as a thank you, they had left a bouquet of flowers in the reception for everyone to enjoy.

The provider owned other homes and had spent time analysing how long visitors and family members spent with their relations when visiting them. They said part of their vision for this home was to have a main focal point to encourage and provide a caring environment for all to share. They told us this was the reason for the bar and bistro area and explained, "We want this to be as much about families and friends as it is about the residents." They said they often heard relatives saying, "Shall we go downstairs for a coffee." They told us people at Leicester House spent quality time with those who were important to them and visitors enjoyed the atmosphere so much, their visits tended to be longer.

We spent time in the bar and bistro area and found there was social and friendly engagement throughout

the day. There was a constant 'buzz' from people talking and laughing with each other. Some people enjoyed a quiet moment with time for reflection whilst enjoying a coffee. Others took an opportunity to play a word puzzle game, whilst others chatted with friends and relatives. Throughout the day we saw that staff took opportunities to sit and talk with people which people clearly enjoyed. From the engagement between people and staff, it was clear the friendships were genuine and heartfelt.

From speaking with staff it was evident they cared about the people in their care. Staff said part of their role was, "To make a difference." The provider explained that it was important to get the right staff who cared about what they did. All of the staff told us they enjoyed working at the home. Staff said there was a good staff and management team who worked and communicated well with each other. One staff member said this benefited the people who lived at Leycester House because they received the care they needed and it meant staff had more time to spend with people. They said, "We don't just put the television on, only if people want it. We sit with them, play games or sit and chat." Staff told us they enjoyed working in the home so much they sometimes worked past their shift times just to make sure people got the support they needed.

We asked the registered manager how they assured themselves that staff respected people's choices and supported people in a caring and dignified way. They told us they were regularly on the floor observing staff and they used this time to see how staff conducted themselves with people and relatives. Both the provider and registered manager were confident in staffs' abilities and said staff had caring personalities and wanted to do their best for people. They said, "Our staff are outstanding, they have to have the passion." They went on to say, "They are patient, good listeners and empathetic which people need." People confirmed that staff had those personal qualities.

Staff respected people's right to privacy, dignity and independence, especially when personal care was provided. Staff understood how sensitive this could be for some people and always gave people a choice of what help they needed or what they wanted to do for themselves. Staff made sure people were covered as much as possible and everyone we spoke with who received support with personal care, told us they felt at ease and comfortable with staff. One relative in responding to a recent questionnaire had recorded, "Independence is limited by [person's] health, not by staff or facility, they show [person] the greatest care and respect."

The environment of the home respected people's dignity. It was clean, tidy and offered a comfortable and relaxing environment. Each bedroom had a different colour scheme and people could choose which room they wanted to live in. People were encouraged to bring in their own small pieces of furniture, photos, ornaments and pictures to make their room their own.

People's personal details and records were held in the care office located on each floor. When this office was not occupied, the office remained locked so only authorised staff were able to access personal and sensitive information.

Is the service responsive?

Our findings

People were happy with the care they received at the home and felt it was responsive to their needs. One person told us, "I have been here since it opened and the care is superb. I have no worries, complaints or anxieties about living here." A relative particularly stated that not only were staff responsive but, "They anticipate [person's] needs."

Assessments of people on admission to the home were comprehensive and fed into the development of a care plan. Care plans we looked at were detailed and written around the person's individual needs and contained valuable person centred information. For example, each person had a 'night care plan' which featured person centred details such as preferences for what time they wanted to go to bed, pre-bedtime suppers and whether the person wanted their lights left on or not.

People's care plans included a document which helped staff to get to know them well. The document included details about their family relationships, significant life events, occupation, hobbies and their likes, dislikes and preferences. Staff we spoke with had an in-depth knowledge of people's backgrounds, family and needs. Staff were interested in hearing people's life stories and to share their interests. When we asked one person whether they felt staff were interested in them as an individual they responded, "Very much so."

During our visit we found managers and staff appeared to pride themselves on being flexible to people's individual needs and to able respond to people without delay. On the day of our visit we heard nurse call bells activated by people requiring support and these were responded to very quickly. One person told us, "If I need any help and they are aware I need help, they are very quick to respond and they look after me immediately." Another person told us, "They (staff) come very quickly."

People had access to a wide range of activities that supported them to follow their hobbies and interests and develop new ones. The events programme was planned with weekly activities throughout the week, but there was flexibility for people to choose what they wanted to do. The provider explained, "Activity generates more activity. This is the next journey in their lives."

Planned events and activities included a spa day, motivation to music, crafts, chit chat club, quizzes, yoga, and coffee mornings. Additional to this, the provider encouraged people to maintain their life and independence outside the home. In accordance with people's wishes, the provider offered regular trips out in groups, or individually if people preferred. Staff were available to drive company transport so people were able to come and go as they wished. Where the home's transport was not available, staff called people taxis so they were not restricted. One person told us, "If I want a taxi, they order a taxi and I get it."

External entertainment in the form of singers or themed evenings, were also regularly held. People from the local community were invited to attend these events to encourage close links with the locality and staff told us this was successful in introducing new people to the home. It was clear all the staff at the home worked together to make these events successful for people. For example, one staff member told us about a planned event the day after our inspection visit. A choir made up of mainly Welsh singers was performing at

the home. To celebrate the Welsh connection, the chef was preparing Welsh foods and Welsh craft beers were to be made available for everyone to go alongside the entertainment.

The events manager told us an activities staff member worked seven days a week in the home but, "All staff see activities as part of their role as well." They explained that an important element of providing opportunities for engagement was, "To put a smile on people's faces." They said, "We get external entertainers after supper which helps increase social involvement." The provider told us, "In your own home after a meal you get dressed up and go out to see a show or something. That is what we want to do here." Staff told us this helped keep people motivated and socially involved, especially when family members joined in to share making important memories.

The home was designed to offer people alternative areas and experiences to maintain their interest. We saw a cinema, hairdressing salon, private dining room, cookery school and spa room for therapy treatments. Every Tuesday the chef held a cookery class for people which they said they enjoyed. One person said they really enjoyed a recent class because, "We made chocolate cookies." Wi-fi access was freely available throughout the home for people to access the internet.

During the afternoon of our visit, people attended a reminiscence event where previous memories were evoked through song and dance. The events manager said people really enjoyed this and, "People get up and dance."

People who preferred to spend time by themselves were supported to do the things they wanted, such as read newspapers and books, listen to music or sit in the bar and as one person said, "Watch the world go by."

The top floor of the home supported people living with dementia. We found some aspects of the design were not wholly supportive to the orientation needs of people with dementia. Signage was not clear to minimise confusion for toilets, dining rooms or lounges and there was nothing in place to help people identify individual bedrooms such as photographs or memory boxes. The registered manager told us there were plans to introduce more photos and signage but without compromising the high quality design of the area.

The provider shared their philosophy of care and rationale for the design of the dementia care unit. This was based on a wish to provide the same level of living space quality for all people regardless of their support needs. They told us this was supported by a drive for care that was highly person centred. Staff would know the people they cared for to such a high degree and have the opportunity to spend quality time with them, which helped to reduce any developing behaviours and psychological symptoms of dementia. They were confident this model of care was responsive to the needs of people living with dementia because it had worked in other homes within the provider group for a number of years.

The provider had a complaints policy which was included in the service user guide which was given to everyone when they moved into the home. The policy gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.

People told us they would not hesitate to share any concerns they had with staff. Staff told us they would support people if they were unhappy with the care they received. One staff member told us, "I have quite a good relationship with the families and I think they would speak to me. If they had a grievance, the deputy manager would become involved."

The provider had not received any formal written complaints since the home opened. One person had raised an informal concern about a piece of equipment in their room not working efficiently. This had been immediately rectified.

Is the service well-led?

Our findings

People were happy with the quality of care provided at Leicester House. One person described it as 'excellent' and said, "It is clean and tidy and staff are caring, polite and thoughtful." Another person said, "It's marvellous." Our observations showed the home was run by managers who promoted a relaxed and enjoyable working environment for staff who had a desire to provide first rate care for people.

The registered manager and deputy manager were both nurses and had previous management experience. The registered manager had been in post for nearly twelve months and had been fully involved in the initial stages of opening the home. The registered manager told us they were always on call for major issues and senior staff were available 24 hours a day to sort out any minor concerns. The registered manager understood their legal responsibilities. They sent us notifications about important events at the service in accordance with their responsibilities under the regulations.

All the staff we spoke with told us they enjoyed their work. One staff member told us, "I am proud and privileged to work here." Staff told us they liked the registered manager and had confidence in the management team because they were approachable and valued their opinions. They said they could easily raise any concerns with the managers and were confident any issues would be addressed appropriately.

Staff told us in addition to being supported by their managers, they regularly had contact with the provider. They explained at the end of their induction the provider explained the ethos and aims of the service and their vision to provide high quality care. Staff were also provided with an opportunity to visit established homes within the provider group so they could see this vision being put into practice. Staff spoke positively about the provider's vision and were enthusiastic about putting people first. One member of staff told us, "It is very home from home and that is the standard the provider feels they should have." Our observations during the day showed that all staff had a sense of pride and ownership about providing a high standard of care within the home

The provider recognised that an essential ingredient of delivering good care was a consistent staff team who knew people well. They offered an enhanced remuneration package to recruit and retain staff with the required skills and values. They explained, "None of this works without good staff. We want our staff to spend quality time with the residents getting to know them. Staff join us because of the promises we make."

The registered manager told us they ensured staffing levels were sufficient to meet people's needs before new people were admitted into the home. They had recently completed a successful staff recruitment campaign and said newly recruited staff would soon be inducted, trained and included on future staff rotas. The registered manager explained that to ensure staff always worked to the provider's standards, they did not use agency staff. They told us, "That is why we recruit a very large bank. I have seven bank nurses and they all do the same training as permanent nurses."

Every new staff member was given a copy of an 'employee handbook' which contained details of their role and responsibilities and the safeguarding and whistleblowing policies. This ensured that staff had important

information they could easily refer to and that they worked consistently in accordance with the provider's policies and procedures.

Records of staff meeting minutes showed they were an opportunity to discuss developments in the service, best practice and areas of concern. It was clear from the minutes of the meetings that staff felt confident to raise issues and contribute to discussions about their role within the home. Meetings were also used by managers to thank staff and recognise their achievements. For example, kitchen staff were congratulated for being awarded a five star hygiene rating from the local authority. One staff member told us, "We recently had a full staff meeting and it was a really good turnout. We aired all the points that we felt needed to be addressed and looked at."

Staff told us there was an open culture for reporting mistakes and errors. This generated a culture of learning from mistakes to improve their own practice and the quality of care provided within the home.

The registered manager told us they were well supported in their role by the provider. They said the provider regularly visited the home and provided guidance. Equally the provider told us they were confident in the management of the home by the registered manager and deputy manager. They told us they worked well together as a team to deliver the standards of care expected of them.

The provider had systems in place to gather the views of people, relatives and visitors with a view to learning more about the service they provided and how it could be improved. Questionnaires had been sent out to all these people and the registered manager had recently completed a review of the responses. The responses were very positive, especially in respect of the quality of care provided by staff and the leadership within the home. Comments included: "The staff are all of excellent quality and attitude and well led by the senior team", "All staff I've met have been wonderful, very friendly and above all caring" and, "The high standards are maintained because of the excellent management attitude which creates the right culture within the home."

People and relatives were also invited to attend regular meetings. These were used as a way of obtaining people's views and opinions and also an opportunity to socialise. The next meeting was planned to specifically discuss meals and what people would like to see included on the menus.

The provider had a system in place to monitor the quality of the service. This included monthly audits carried out by the registered manager and deputy manager and regular audits completed by the provider. The audit documents we looked at covered areas such as medication, care plans, pressure area care, nutrition and response times to call bells. The audits identified areas where improvements were required. Actions from any audits were followed up and signed off as completed at follow up visits. For example, an audit carried out by the provider had identified that improvements were required in record keeping in relation to people who were at risk of skin damage or had wounds. From the records we looked at it was clear that lessons had been learnt and comprehensively acted upon. Where issues were identified in individual care plans, checks were made of other care plans because it was recognised that the issues may have been duplicated. This demonstrated that the provider was proactive in ensuring consistently high standards were maintained.

Staff recorded all accidents and incidents and a copy was provided to the registered manager so they could check appropriate action had been taken. Each month the registered manager analysed accidents to see if there were any themes or trends. The analysis looked at the individual affected, the time and location of the accident and any actions required. Actions taken as a result of the analysis included referring individuals to healthcare professionals for further input and support. The registered manager told us that information was

shared between the managers of the different homes within the provider group, and any learning from incidents was shared across all the homes.

The provider was keen to ensure effective working relationships with external professionals associated with the home. For example, there had been a meeting with the local GP practice to understand how internal processes worked in each establishment.

We asked the provider how they could ensure that high standards would be maintained as the home scaled up to capacity. The provider told us they had learnt over a period of time what worked well and what was important to people. They explained, "Life shouldn't change that drastically. I want it to feel like home and people to have choices." The provider said they had the right ingredients in place to support this, saying they had recruited the right staff who had people's interests and welfare at heart with a management team who were open, honest and available and acted on what people wanted. They were confident that the processes and procedures that had been implemented would continue to support the delivery of high quality of care under the leadership of the management team.