

Avonedge Limited

Glebe House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 13 and 17 October 2016 and was unannounced. There were no concerns at the last inspection in November 2013. Glebe House is registered to provide accommodation and nursing care for up to 48 people. A unit in the home called The Orchard provides care for those people who have a diagnosis of dementia. At the time of our visit there were 43 people living at the service.

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

The ethos, vision and values were provider led and as such applied across all their services. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered managers worked in collaboration. However each service was additionally recognised for its own individuality and the healthy, respectful, working relationship for each to strive independently based on their own merits and in addition to those at organisation level.

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. We received positive comments about people's views and experiences throughout our visits and these are detailed throughout the report.

One person wrote in one of the homes newsletters, "From the chefs who pander to my sometimes odd appetite and who keep me supplied with the fruit I love, through to the cleaners who keep my room spotless, to the tireless laundresses to the nurses and carers who keep a watchful eye on me whilst allowing me to lead my own life- I am happy. My deepest gratitude Glebe House".

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount.

The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure that staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. There was an emphasis on teamwork and unison amongst staff at all levels.

People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. The 'residents' annual surveys consistently reflected how much they enjoyed the quality of food, the variety and the constant access to beverages and snacks through the day.

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful. People were supported to maintain their personal interests and hobbies.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed and implemented to accurately reflect people's needs.

People were listened to and action was taken to make improvements to their quality of life. The service welcomed reviews by professional external bodies. This year they had received positive results from the Staffordshire University who reviewed the home's dementia care provision. Details are contained within this report. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Outstanding 

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Outstanding 

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Outstanding 

The service was well-led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

Glebe 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in November 2013. At that time we found there were no breaches in regulations. This inspection took place on 13 and 17 October 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we were introduced to people living at the home and spoke with six individually. We spoke with two relatives. We observed lunchtime and had a tour of the home and grounds. We spent time with the registered manager, head of quality and care, the training coordinator and spoke with 10 staff. We looked at people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, surveys, minutes of meetings, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. People's safety was paramount to the service provision. People we spoke with felt 'safe' and 'content' living in the home. Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People who had physical disabilities required specialist equipment to help keep them safe. The service had a physiotherapist who assessed individuals so that appropriate expert advice could be implemented. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment used included, pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented and these were shared with other homes within the group to promote best practice.

During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. Comments included, "There is always someone available", "They are all very good and come to me as soon as they are free, one expects to wait a little" and "There is a good staff presence, especially in communal areas".

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable mix of skills and experience during each shift. Staff escorts were also provided for people when attending appointments for health check-ups and treatments if required. The registered manager was supernumerary and the deputy manager had supernumerary hours. They were readily available to offer support, guidance and hands on help should carers need assistance.

The service made every effort to ensure staff employed had suitable skills, experience and competence to fulfil their roles. In addition the registered manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely and competently. Safe procedures were followed during the administration of medicines. Comprehensive records were maintained for medicines which needed additional security and robust checks were carried out to check on the levels of stock. If people wished to manage their own medicines they were supported to do this and risk assessments and audits were in place. They had secure facilities in their rooms and staff monitored stock levels to make sure medicines were being taken as prescribed.

Is the service effective?

Our findings

The service was effective. People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "They know exactly what they are doing; it's very reassuring to me and my family". All staff attended a four day corporate induction training course. Staff who were new to care completed the fifteen module care certificate which should be completed within three months of starting. The care certificate was introduced for all care providers on 1st April 2015. All staff had an in-house orientation and induction specific to the home following completion of the corporate induction and were given supernumerary shifts for their first week. A mentor system was in place where all new staff were linked with and shadowed by a senior staff member during shifts. This was to assist with continued training throughout the induction process.

The registered manager supported staff with training in order to keep them up to date with best practice, extend their skills and knowledge and in some cases their roles. In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for people. Staff told us they enjoyed attending training sessions and sharing what they had learnt with colleagues. Care staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

During the inspection we met with the providers training and development manager. They were delivering training and we discussed and looked at some of the course content. The trainer recognised that staff preferred different types of learning and made every effort to ensure he held the audience's attention and that the content was meaningful. The course being delivered that day consisted of short films, scenarios, and group discussions. We looked at some previous feedback the trainer had received from staff at Glebe House. The comments demonstrated the positive impact the training had and how this would be of value to people in their care. Comments included, "I have learnt the importance of patience, understanding and respect with our residents, they are having trouble with understanding the world", "The examples are very good with the video's especially as it relates to our residents and we can see a likeness and we can help them" and "It is good for people with dementia if you can help them to make decisions but not do it for them. We need to support choices".

Nurses were supported to update their skills and knowledge for the roles they performed. This included wound care management, diabetes and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin. The registered manager and nurses were mindful to keep up to date with current best practice and guidance. They made provision to support each other with their duties and responsibilities to the Nursing and Midwifery Council (NMC) and revalidation. Revalidation exists to improve public protection by ensuring nurses continued to remain fit to practice in line with the requirements of professional registration, throughout their career.

Staff felt they were supported on a daily basis by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they

discussed the people they cared for, any professional development and set themselves objectives.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for. There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and the gardens, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms.

People told us they liked the food and made choices about what they had to eat. One relative we spoke with said, "Mum loves the food and never complains, I have eaten here and the food is very good". In addition to surveys and meetings, the cook visited people each day to discuss how they found their meals and identify their food choices for the next day. He also discussed new menu options and people's preferences. In addition to the routine drinks and snack rounds, self-serve hot and cold drinks were available throughout the day. Facilities enabled people to help themselves to hot beverages and snacks.

The service had received positive feedback from Staffordshire University who had reviewed the home's dementia care provision around food and nutrition. They wrote, "We were privileged to have observed some outstanding care when staff ensured resident's fluid and dietary requirements were met. There was clear evidence of attention to detail in person centred care that we found particularly encouraging as observers. The communication of resident's nutritional needs appeared a priority during the handover of care from the day staff to the night staff in Orchard".

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and body weights.

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect. Staff were supporting people respectfully and at their own pace, sitting at the same level, with the person's clothes protected where requested. Staff were attentive throughout lunch, gently encouraging and cutting up food if required.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. Staff ensured everyone had prompt and effective access to primary care including preventative screening and

vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice.

Is the service caring?

Our findings

Everyone spoke extremely highly of the staff team and described them as caring and thoughtful. Relatives said that the care of the staff team went beyond the care of people and was extended to their family members. One relative recently wrote to the registered manager and said, "You are truly blessed with a fantastic workforce, it's an absolute pleasure to visit and I am made to feel very welcome". Staff morale was cheerful and buoyant, they were motivated and enjoyed their roles and responsibilities, they were committed to the people they supported. We asked them what they were particularly proud of and what went well. Comments included, "We put people at the centre of everything we do, we are a family", "We are very close to the residents, we see behind the dementia and get to know the person, we show them love and support to relieve anxiety, it's not a case of giving them a tablet to keep them calm" and "We have plenty of time for people on an individual basis, one lady asked me the other day not to leave her because she was enjoying my company, so I stayed".

There was lovely engagement and interaction between people and staff. We saw staff assisting people to the dining room, the atmosphere was relaxed and jovial and they were genuinely interested in what people had to say. We walked around the home with the registered manager and they introduced us to people. Whilst doing this people wanted to speak with her, ask questions and pass the time of day. She demonstrated great patience and kindness and had a gentle approach towards people, nothing was too much trouble. One gentleman's face lit up when we walked into his room and he was obviously very pleased to see her. It was very touching listening to their conversation. This person had recently lost a loved one and the registered manager sensitively empathised and supported them during their discussion about this.

The service constantly received written compliments, thanks and acknowledgements for all their efforts. We read some of the most recent ones. Comments included, "Thank you for all your dedicated care and compassion you have shown", "As a family we have truly benefitted from your kind hospitality", "Thank you for all your good work you do day in and day out" and "Thank you for making mum's life as comfortable and fulfilling as possible".

The respect and kindness shown to people was shared amongst the whole staff group so that everyone felt valued within their individual roles. The registered manager spoke with us about their ethos on supporting staff. Staff wellbeing was paramount in helping to ensure they felt valued, empowered and supported. This approach had a positive impact both individually and as a team, in addition to the care and support people subsequently received. They were happy working at the home and this was reflected in their attitudes and integrity during the inspection. Staff were approachable, helpful, willing and friendly with a good mix of personalities. Two people who had recently completed temporary work placements wrote to the registered manager and stated, "Thank you for allowing me to have a work placement at Glebe, I have learnt so much and this has confirmed my decision to work in medicine" and "Thank you for the love and support shown towards me I have enjoyed working here and I will miss you all".

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The registered manager and all staff demonstrated a determined, positive

commitment to people and would always go that extra mile in order to ensure they felt valued. One nurse had recently been supporting a person who became particularly anxious at night; they had difficulty sleeping, breathlessness and hallucinated. The nurse found that the person calmed down when she spoke with them about his past life in the Navy and about his home town. In her own time the nurse created a book of personal memorabilia. This included, pressed flowers and photographs. A member of staff who was from the same hometown took photographs of the coastline, places of historical interest and they found the person's brother's war memorial. The book was used to help relax the person and the nurse was encouraged by how well it was received and appreciated.

Even staff who were not directly involved in care demonstrated acts of kindness to the people they supported. One person who worked in administration made 'activity cushions' for people with dementia. These were brightly coloured, made of various different fabrics and textures and had items such as buttons sewn on them. People liked to 'twiddle' with the cushions and were particularly therapeutic and effective in minimising agitation in people who were anxious and confused. Another member of staff who was a kitchen assistant was a keen photographer and had taken photographs to reflect seasons. The pictures were collated in an album, photographs were framed and hung on walls and also produced in DVD format. This gesture had been very much appreciated by people living in the home. Staff used them not only to create conversation as an activity but also to distract those people who needed comfort.

The registered manager and staff provided us with an extensive background of people's lives prior to living at the home and it was evident they knew people well. This had helped enhance a person centred approach to care and support. Care records included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. This provided information about personal preferences, likes and dislikes, what helped people relax, kept them happy and things that were important to them. This included, having company, making friends, religion, respecting privacy and retaining a certain level of independence. There were some lovely examples where people's choices and independence had been respected including one person who expressed a wish to do some of her own laundry and a small washing line had been purchased so they could hang them out to dry on her own.

We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms. In addition there were quiet lounges and areas throughout the home used for family gatherings. Relatives were encouraged and welcomed to enjoy meals with their loved ones. People and their guests had access to kitchenette facilities to prepare drinks and snacks.

Staff kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly. The newsletter was bright, colourful and provided information about significant events, future plans for the coming months, arranged trips and activities and welcome wishes for new "residents" and staff.

Is the service responsive?

Our findings

The service was responsive. The registered manager completed a thorough assessment of those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective "resident" to make a decision as to whether the service was suitable and their needs could be met.

The homes approach to care was person centred and holistic. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes.

People's changing needs were responded to quickly and appropriately. The whole staff team worked cohesively to ensure they recognised when people were unwell and reported any concerns to the nurse in charge. The ethos of the service was that 'prevention was better than cure'. This year three nurses had completed a course with the Royal College of Nursing in 'Care Homes Early Warning Signs' (CHEWS). CHEWS were specifically designed by qualified, experienced healthcare professionals for nurses and are based on the 'Early Warning Scoring' systems supporting the 'Out of Hospital' Strategy. This enabled nurses to spot signs of illness and/or deterioration in a person that much earlier. The registered manager shared examples where the use of CHEWS had demonstrated its value and prevented hospital admission. The training had increased nurse confidence and competency so that they felt equipped to monitor, observe, and take any necessary action.

Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. An employed physiotherapist meant people had on-hand expertise and continual assessment. The registered manager shared with us two examples whereby this resource had provided a positive impact for two people in the home. One of these included a person who had a significant fall prior to moving in. After eight months of intensive work from the physiotherapist and staff the person had regained their mobility and their quality of life and independence had been promoted and restored.

The nurses were particularly proud of their expertise and success around wound care and pressure management. They constantly kept up to date with current best practice and participated in clinical trials. They worked in partnership and collaboration with community nurses to help ensure joined up working and continuity of care. This year four nurses had attended a course with the Journal of Community Nursing (JCN) in treatment and prevention of venous leg ulcers. Following the training a new product was trialled on three people in the home, which resulted in significant healing for all three people.

The registered manager and staff recognised that people needed a purpose and would want to continue

with things that were important to them so that their lives remained meaningful. The service developed a creative and active community life at the home. There was a dedicated activities team consisting of employed staff, and volunteers. The newly appointed activities co-ordinator was very passionate and excited about their role and had made significant changes. They shared their vision about further enhancing the experiences for people at the home which very much revolved around a person centred approach. They had sought input, ideas and training through Alive. Alive is a charity dedicated to improving the quality of life for older people in care through meaningful activities. The ethos was that activity sessions were proven to impact positively on older people in the expression of personal identity, enabling of personal choice, interaction with others and general well-being.

The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. There were too many activities to mention for the purpose of the report but it was apparent that there was always plenty going on in the home on a daily basis. Art therapy and flower arranging was a popular activity for people and enabled individuality and expression. In the addition to the homes 'resident' garden club there were twice monthly visits from Growing Support. They provided social and therapeutic horticulture activities for older people. The garden activities provided sensory stimulation, exercise, increased social interaction and promoted a sense of purpose and achievement.

This year following a few trips to a local pub the gentleman living in the home decided they would like to recreate this setting within the home itself. The 'gentleman's club' was very much enjoyed. They socialised together and talked about things that interested them; they enjoyed a beer, crisps and peanuts, played pub games and listened to music from their era.

Trips were always enjoyed and were arranged in large groups, smaller groups for more frequent local trips and on a one to one basis. Organised trips this year had included, Slimbridge, Longleat and Weston-Super-Mare. Photographs in the newsletter indicated people had enjoyed the outings and had a lot of fun. Events were celebrated throughout the year from Valentine's Day through to Christmas day. Parties were organised to celebrate national events such as the Queens 90th birthday, Ascot and Wimbledon. Entertainment was also available throughout the year for example, musical entertainment, pet therapy, musical theatre and a pantomime.

People who lived in Orchard were encouraged and supported to join in activities across the home, watch and listen to visiting entertainment and join in the local trips and outings. In addition to this they had exclusive activities and stimulation that supported those people with a diagnosis of dementia and this was tailored to individual need and preference. Stimulation aids were on hand throughout The Orchard and included twiddle muffs, rummage boxes and interactive music equipment.

The home provided a nostalgic newspaper, The Daily Chat (professionally written) used as a reminiscence activity tool. The paper was published 365 days a year, and offered an ever-changing range of nostalgia topics and activities, targeted for older people and those with dementia. The paper contained quizzes, old news stories, articles, puzzles, and was geared towards stimulating the mind and improving memory. This activity was particularly enjoyed as a one to one activity and in smaller groups.

The service had a complaints and comments policy in place. People and their families were given a copy of the procedure and policy on admission and it was always discussed at meetings to remind people what to do. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on.

Is the service well-led?

Our findings

The service was well led. People and relatives said they were 'very happy' with the registered manager and 'she was approachable, always available and did the very best she could'. Individual comments included, "She is a lovely lady and most supportive", "I think she does a magnificent job" and "I enjoy her visits to me, she has a genuine caring nature". Staff were very respectful and positive about the registered manager, their skills and leadership. Comments included, "I feel 100 per cent valued by the manager", "I will always speak with the manager, there are no favourites here, we are all equals" and "Our hard work and commitment is always recognised and appreciated by the manager and that makes you want to work even harder".

There was a strong emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. Comments from staff included, "I really enjoy coming to work, every member of staff makes me feel that we are important and we are doing great things" and "We all have the same goal and that is to make sure people receive the best possible care and feel special".

Since the last inspection new team building days away from the home were arranged to promote continued improvement and give staff the opportunity to look towards the future and make plans for the coming year. We saw from the minutes that staff considered what they did well; they discussed the impact of lead roles/champions in aspects of care and support, discussed training initiatives and brainstormed new ideas and suggestions. The nurse's vision for 2016 was to be, "motivated and enthusiastic health care professionals with experience and clinical skills, to give high quality, skilled nursing care. To be knowledgeable, compassionate, supportive, empathetic and caring". This had been achieved and further enhanced by continuous professional development, revalidation, research and keeping up to date with current best practice principles and working with and alongside community health and social care professionals.

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts) in wound management, infection control, mental capacity, dignity and dementia. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these particular subjects and improved auditing to ensure better quality and safety.

The registered manager shared with us the achievements over the last year and their views, aims and objectives for the coming year and how this will impact on people who use the service. In addition to the achievements we have referred to throughout this report the service had developed a new tool to determine staffing levels. Over the last five months the head of quality and care worked alongside the registered managers of the provider's services to review the existing model because they were not satisfied the current

one was effective. It was not looking at the key areas of 'resident' need and gave inequitable ratings for various needs and related aspects of care. A new dependency tool had been developed based on a number of nationally recognised models, primarily NHS services Scotland Care Home staffing model. This was used to assess eleven areas of potential need and essential areas of care delivery especially relevant in the care home environment. The new tool had contributed to the identification of additional 'resident' need and subsequently an agreement to increase staffing to meet this need with a particular focus on activities and care combined.

The provider worked in partnership with other organisations to make sure they were following current best practice, promoted joined up working and shared new initiatives and ideas. My Home Life, South Gloucestershire Local Authority and South Gloucestershire Clinical Commissioning Group had set up a partnership to bring together different organisations to work with the community. The aim was to identify and tackle key issues in a more co-ordinated way. My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. A project had been set up by the partnership with regards to improving hospital discharges into the care home setting. The registered manager for one of the sister homes had been involved with evaluating and reporting on good and poor discharges. The reports were then given to the hospital discharge team who would then discuss what went well and what didn't go well with the ward staff in the hospitals. This was so that good practice was promoted and lessons could be learnt from poor discharges. The project was ongoing at the time of the inspection and was proving a successful initiative for all of the provider's homes.

The service welcomed reviews by professional external bodies. This year they had received positive results from the Staffordshire University who reviewed the home's dementia care provision. The report contained good stories throughout and clearly evidenced the positive impact for people living in the Orchard unit. One example was about people's experience in the promotion of continence and personal hygiene. The report stated, "On Observation, carer's attention to detail for residents continence and personal hygiene was exemplary. Carers appeared particularly adept in being adaptable in their care provision and planning. For example, whilst in some care homes there are just 'toileting' periods throughout the day, carers were able to combine the efficiency of this approach whilst ensuring residents used the toilet according to their personal circumstances. The way in which carers communicated with residents to address their intimate needs was excellent, respecting privacy and dignity at all times and having a focus on proactive rather than reactive care".

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We looked at the quality monitoring reports conducted by the head of quality and care. The audits lent themselves to a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.