Adelaide Healthcare Limited

Bletchingley

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 16 October 2018 and was unannounced.

Bletchingley was registered by the Care Quality Commission (CQC) on 13 July 2017. This was the first inspection of the service. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Bletchingley is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection, Bletchingley accommodated 21 people. Bletchingley is registered to provide nursing care and residential care for 26 people with a range of care needs, including frailty of old age, specific health conditions and people living with dementia.

Bletchingley is a purpose-built building. The ground floor accommodated people who live at Bletchingley permanently. On the first floor the service had eight beds that were purchased by the local authority for reablement called Discharge to Assess (D2A). This programme provides people with care and rehabilitation support for up to six-weeks following discharge from hospital. The aim is to enable people to regain skills and confidence so they can return home with a package of care. The floors are accessible by a lift and stairway.

The service had a registered manager in place. The registered manager is also the manager of another service for the organisation, the other service is next door and the registered manager shared their time equally across both services. 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.

Systems, processes and practices safeguarded people from abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Background checks had been completed before care staff had been appointed. People were protected from infection and lessons had been learnt when things had gone wrong.

Suitable arrangements had been made to obtain consent to care and treatment, in line with legislation and guidance. Care and nursing staff had been guided to deliver care following current best practice guidance. People had sufficient to eat and drink to maintain a balanced diet. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. People benefited from living in purpose-built accommodation that had been adapted and

designed in a way that met their needs.

People were treated with kindness, respect and compassion by staff that knew them well. We observed that staff were caring, patient and gave time for supportive interactions. A person told us "It's like a holiday camp, it's first class." Another person told us, "I'm really impressed. The food is good and plentiful. I've met the manager and spoken with the nursing staff. I've joined in a sing-song downstairs. It's been explained how to go out into the garden."

People received personalised care that was responsive to their needs. They were also supported to express their views and be actively involved in making decisions about their care, as far as possible. Staff encouraged and promoted independence. People had maximum choice and control of their lives and staff support them in the least restrictive way possible; this practice reflected policies and systems in the home. Confidential information was kept private.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

An activities coordinator had recently been recruited, to increase and vary the activities provided for people and include opportunities for them to go out into the community.

At the time of the inspection there were no people in receipt of end of life care. The registered manager had considered end of life care for people and was committed to ensuring people's rights to die in their home were upheld, if they were able to continue to meet the person's needs. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open and inclusive. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met. People who lived in the service, relatives and staff were asked for their feedback on the service and the provider acted on the responses to improve the quality of the service.

Checks had been completed to resolve issues identified and to innovate so that people received safe care. Staff worked well together and staff were supported to speak out if they had any concerns about people not being treated in the right way. The management team worked in partnership with other agencies and external professionals.

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 knew how to keep people safe. Risks to people were identified, assessed and managed safely.

There were sufficient staff to meet people's needs.

People received their medicines safely.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the necessary skills and knowledge to meet their needs. Staff told us they felt supported.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

The accommodation was adapted, designed and decorated to meet people's needs and expectations.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People's health care needs were monitored. Staff liaised with health care services and treatment was arranged where needed.

Is the service caring?

Good

The service was caring.

Staff were observed to be caring, patient and friendly with people.

People were treated with kindness. People's privacy, dignity and independence were respected and promoted.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

Confidential information was kept private.

Care plans were person-centred and detailed.

Is the service responsive?

Good

The service was responsive.

Care was personalised and reflected people's preferences.

People had access to activities.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The service listened and responded to complaints.

Is the service well-led?

Good

The service was well-led.

There was a positive friendly culture. People benefited from staff understanding their responsibilities so that risks and regulatory requirements were met.

People and relatives had opportunities to give their views on the services. The service involved people, relatives and staff.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability. Quality checks had been completed internally and externally and the service worked in partnership with other agencies.

The services worked well with other agencies and professionals.

Bletchingley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older person services.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed notifications of significant events the provider sent to us. Notifications are events that the provider is required by law to inform us of.

We spent time observing people in areas throughout the home to see interactions between people and staff. We observed people as they engaged with their day-to-day tasks, the care they experienced, including the lunchtime meal, medicines administration and activities.

We spoke with six people who lived in the service and with two visiting relatives. We spoke with the registered manager, the nominated individual, a registered nurse, a senior care assistant, the activities coordinator, a housekeeper and a staff member responsible for laundry. We also spoke with a visiting GP and visiting social worker. Following the inspection, we spoke with an occupational therapist involved in the care of some people living at Bletchingley. The professionals we spoke to gave us permission to include their feedback in this report.

We looked at the care plans and associated records for four people. We looked at people's medication records. We reviewed other records, including staff training records and training matrix, staff rotas, accidents and incidents, menu's, questionnaires, complaint records, policies and procedures and external and internal audits. Full records for two staff were reviewed, which included checks on newly appointed staff and

staff supervision records.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives told us they felt their relative was safe. A relative told us, "The bottom line is safety and security and the home provides this, which I've never felt before; I can leave without looking over my shoulder, I know I don't need to worry."

Without exception people and relatives told us that there were enough staff to meet their needs. A person told us, "There are plenty of staff. They know where everyone is and they come quickly if you need them, but they are never far away." Another person told us, "There are plenty of staff and they are all very caring to everyone." A person staying at Bletchingley to receive the reablement service told us, "There are enough staff, they are always available when you need them and they don't rush you, they do what's needed and take as long as necessary." Staff rotas showed there were sufficient numbers of suitable staff deployed to support people to stay safe and meet their needs. During the inspection we also observed that there were sufficient numbers of staff to meet people's needs.

Where people needed one to one care, for example due to being at high risk of falls, this was seen in their care planning records and observed during the inspection. A person told us, "There's plenty of staff around. I have to have someone to walk with me because I could fall. It's been explained to me. But I decide when I want to go to my room or outside for some fresh air and they fit with me."

Records showed that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Risk assessments were completed in care plans and were reviewed regularly, or when needed due to changes in the person's needs. For example, the registered manager monitored incidents of falls, falls action plans showed the measures taken to prevent further falls. Monitoring of risks was observed to be carried out throughout the day and records were up to date.

Records were kept electronically on a care system. This system used wireless handsets to allow care staff and nurses to update information about people. The system recorded care activities against a timeline as they happened and recorded how people receiving the reablement service were working towards meeting their reablement goals. This up to date information automatically transferred to the central system, which enabled staff to evaluate and monitor the care provided, to ensure people's needs were met. Relatives can have access to a protected portal on the care planning system where they have the legal right to and with permission of the person where possible, so that they can send and receive messages electronically and see certain information. A relative told us "I can look up on the computer and see how Mum is being monitored, they cover everything, I know they monitor when I've visited."

Equipment such as pressure relief mattresses or high-low profile beds was provided to ensure that the health and wellbeing of people were maintained. People had an easily accessible call bell system in their room and wore alarm lanyard pendants. We observed three people wearing lanyards with call bell attached, the people told us what the lanyard was, they told us it had been explained to them and people told us wearing the lanyard made them feel safe.

Staff knew how to keep people safe in an emergency such as a fire. People had individual Personal Emergency Evacuation Plan (PEEP) in place on how they should be supported to evacuate the building in the event of a fire, a short form version of this information was available to give to emergency services. Emergency grab items such as flashlights and foil blankets were easily accessible. The premises were purpose built and the layout was such that it did not present significant difficulties in evacuating people in the event of an emergency. An environmental risk assessment was in place which identified risks to people, staff and visitors. Daily, weekly and monthly health and safety checks were carried out. Fire drills took place and equipment such as fire, electrical, moving and handling equipment was serviced and fit for purpose.

Recruitment practices were robust. Staff files showed references were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC). There were records to show staff were interviewed to check their suitability to work in a care setting.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed care staff had completed training and had received guidance in how to protect people from abuse and this was included in the induction for newly appointed staff. Care staff knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. We observed posters displayed around the building and in people's rooms for people, staff and visitors advising them of the action to take if they believe a person was at risk and they wanted to report a concern. Staff followed the local authority Safeguarding policy.

There were suitable systems to protect people by the prevention and control of infection. We observed that care staff recognised the importance of preventing cross infection. They were wearing clean uniforms, had access to antibacterial soap and regularly washed their hands. Antibacterial hand gels were stationed around the home which staff were observed to use. Staff used appropriate protective equipment, gloves and aprons, while providing personal care or serving lunch. The building was clean, fresh smelling and well-presented. A relative told us "[relative's name's] clothes are well looked after and she is always well presented. The home itself is always meticulously clean, you see it's always being cleaned."

Medicines were ordered, stored, administered and disposed of safely. All medicines were prescribed for people, including medicines that were to be taken as needed (PRN). Medicines Administration Records (MAR) were completed appropriately and staff had signed to confirm that people had received their prescribed medicines. We observed staff giving medicines in a discreet way and supporting people's privacy. Records showed that staff completed training in medicines before they could give them. Following completion of the training, a senior member of staff assessed them before they were signed off as being competent to administer medicines. We spoke to a visiting GP who told us they were involved in regularly reviewing medicines with staff, people and their relatives. A relative told us "The doctor comes to the home every week. They have massively reduced the medicine's she's on, so now she sleeps well and isn't overwhelmed by medication."

The registered manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that they had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. The registered manager and staff carried out audits for health and safety, medication, infection control and fire safety.

We spoke to the maintenance person who showed us the maintenance programme and the outcome of their annual Health and Safety inspection of the building carried out by an external company. Records showed that checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical appliances, fire safety equipment and alarms and Legionella.

Good

Is the service effective?

Our findings

People's rights under the Mental Capacity Act 2005 (MCA) were respected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met and we found they were. Staff were trained in MCA and DoLS. Records of decision specific mental capacity assessments, best interest's decisions involving the person where possible, appropriate relatives and external professionals and DoLS applications for people. For example, a best interest decision meeting was held for a person living with dementia. This involved the person's family, their social worker and GP about the person having 24-hour supervision due to their increased risk of falls and walking into other people's rooms as the person chooses to be mobile for much of the day. This support was observed throughout the inspection.

Records showed that staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. A person told us "There's no restrictions, like when you get up or go to bed." Another person told us "I always spend the mornings in the lounge, there's always something going on. If I want it quiet, I just go to my own room, you do what you want. I go where I like, when it suits me, the staff always respect what you want." We observed relatives and other visitors visiting people freely. A GP told us that staff really advocate for the people and involved and respect the person's and their families wishes. We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. We observed staff seeking consent before any interventions, giving choices and respecting people's wishes and preferences.

People told us that they enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet. We observed the lunchtime meal was a relaxed and social occasion. Dining tables were neatly laid with a range of condiments, people were offered a choice of dishes and the meals were attractively presented. A person we spoke to at lunchtime pointed to a menu written up on a white board and told us "It's changed every day so you know what the meal choices will be." Some people following their lunchtime meal went for a walk, or their hot drinks in the garden area that we were told occurred each day.

Staff communicated well so they knew who ate what and where additional support was needed. Staff were polite and attentive throughout the lunchtime meal experience. People that required one to one support to eat were given discreet and appropriate assistance to receive their meal. We observed that some people had

adapted cutlery or cups to maintain their independence. If a person chose to eat their lunch in their room this was respected. Staff gently checked where they would like to eat their meal and people received their food promptly in their room.

We observed mid-morning snacks of fruit or biscuits were provided and people were asked what they would like and given a personal service. People kept food in their room if they wished to. A person told us "I'm never hungry, there's plenty of food and its very good." We observed that milkshakes were served and enjoyed by people who were at risk of malnutrition. People who were on pureed diets were supported to have snacks of an appropriate consistency at the same time.

We spoke to the chef who told us that staff preparing meals were trained in food hygiene and relevant qualifications, records confirmed this. The chef knew people's needs well, such as allergies and high calorie diets for people who were at risk of malnutrition. The chef received updates from staff about people's preferences and requirements when someone came to live at the home and worked well with other staff to be updated on any changing needs. These needs were also reflected in people's records and from what care and nursing staff told us. The chef told us that no one living at Bletchingley had any religious or cultural preferences that had an impact on their dietary needs. Although they gave examples of how they have accommodated different dietary needs and said they were committed to do what they can to meet the needs of a person that moves to Bletchingley.

People had their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The registered manager had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. A visiting GP told us that staff followed the guidance of the GP and dietitians and the electronic care planning system allowed them to access up to date monitoring of the person's food and fluid intake and weight. A relative told us "[relative] has put on 10kg in weight. If she doesn't eat they know that through monitoring and make sure she has a meal later. Her wellbeing has altogether improved."

People were supported to access healthcare and receive ongoing healthcare support. Records showed that people accessed a broad range of health professionals, for example dietitians and tissue viability nurses. During our inspection we met a visiting social worker and a visiting GP. The social worker visiting people using the reablement service told us that staff followed their advice and guidance and were open to ideas and suggestions. Relatives told us they were kept informed. A relative told us "I spoke to the nurse about a concern I had about his skin; they already knew and had referred it to the GP." The GP told us that staff were quick to spot changes in a person's needs and raise concerns to them.

Where people were presenting behaviour that challenges, people were given emotional support and staff were supported by consistent guidance to support people. Some staff had completed additional training in dementia care and positive behaviour support. A relative told us that since moving to Bletchingley from another service their relative "Has shown no aggression. Staff understand her and know how to manage her unpredictable behaviours. I can see she is calm and happy." We saw a person living with dementia being supported by staff walking with them, giving appropriate gentle touch to their arm and speaking softly, this practice was reflected in the persons behaviour care plan. We also observed staff using distraction, giving the person time and trying with different staff to gently encourage a person to have a shower.

A social worker told us that staff were well trained and had notified them if a person needed emotional support. For example, they were contacted after observing a person disengaging and having low mood. A senior care assistant told us "We work to understand people and what their behaviours and

communications mean." Behaviour care plans were written in a sensitive compassionate way that gave staff guidance on how to support the person, including what can trigger behaviours and how to support the person.

Staff told us they received appropriate support to enable them to carry out their duties and to promote their development. Staff told us they had regular meetings with their line manager such as supervision and received an annual appraisal. Records reflected what we had been told. We found records demonstrating other ways staff were supported. This was through staff monthly team meetings. Minutes of these discussions demonstrated staff discussed people's needs, activities, changing policies and procedures and training needs.

People told us that staff were well trained and competent, a person receiving the reablement service told us "This is the best place I've been. I get frustrated, it seems a long time but I can see there is progress. The staff work hard, they know what they are doing. The nurses look after my diabetes but all the staff understand what that means for me."

Records showed that staff completed an induction and mandatory training. All new staff were required to complete the Care Certificate. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they can carry out their job to the required standard. This ensured people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The registered manager maintained a record of training in courses completed by staff which the provider considered as mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included safe moving and handling, first aid, fire safety, privacy and dignity, mental capacity, infection control and health and safety. Staff had received on-going refresher training to keep their knowledge and skills up to date and had access to additional training to meet the needs of the people living at Bletchingley. Such as, positive behaviour support, wound care, end of life care and diabetes. Staff files showed that staff were asked by the registered manager to reflect on how training received will change their practice going forward.

People's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People could move about their home safely because there were no internal steps and there was a passenger lift between the floors. There was sufficient communal space in the dining room and in the lounges. Everyone had their own bedroom that was laid out as a bed sitting area so that people could spend time in private if they wished. People told us that they had been encouraged to bring in items of their own furniture and we saw examples of people personalising their bedrooms with ornaments, personal memorabilia and photographs. All bedrooms had a large TV and a wet room shower and toilet, affording people time to have personal care provided in a caring and discreet way. There was an external CCTV system and a secure garden that had built in benches and hand rails, which enabled people to be outside with a degree of freedom and personal space. On the first floor there was a small kitchen for people receiving the reablement service to use to increase their independence. For example, to make hot drinks.

Good

Is the service caring?

Our findings

We observed staff were caring, kind and compassionate, staff knew people living at Bletchingley well and showed genuine care to people. A relative told us "She's been here just a year, they've done everything they possibly could, I can't believe the difference this home has made. She was falling repeatedly, had become challenging and aggressive, wasn't taking her meds. The move here is the best thing that has happened to her for years." People and staff had developed friendly relationships, people chatted happily between themselves and with staff. When staff assisted people, they explained what they were doing first and reassured people.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had received training in equality, inclusion and diversity. There were policies in place to help ensure staff were considering people's individualised needs and policies that protected staff from discrimination. For example, through their recruitment practices. The registered manager told us that Bletchingley recruits staff from a range of nationalities and cultures. One person, in their survey feedback after staying at Bletchingley for a short six-week stay, fed back that they had enjoyed learning about different countries and cultures from the staff as they talked with her. The registered manager felt this was a positive way to have respect for each other and celebrate diversity in the workforce.

People were involved in their care and health and social care professionals and families were included. People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. A relative told us "I've been involved in the care planning, I'm a big part in it."

Throughout our inspection staff actively support people to express their views and be involved in decisions about their care. We observed a person sitting in a lounge wearing an outdoors jacket and cap, when we asked staff about this they told us it was his choice. A staff member told us "He is dressed as he wishes, he thinks it's important so we do." We later observed that when the person showed staff he felt hot, staff helped the person to loosen their clothes but his choice not to remove his jacket was respected.

People were supported to maintain important relationships. The activities coordinator planned to use Skype to support people whose relatives and friends live abroad to call them regularly. Staff told us that people can bring visitors to communal spaces but are equally supported to go to their room for privacy.

People were encouraged to be as independent as possible, people were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. We observed people that lived at Bletchingley permanently chose what they wanted to do and staff supporting their choices. People receiving the reablement service, were referred to the service following hospital discharge or

through social services. They followed a six-week reablement programme of support which helped them to attain planned goals and regain their independence they had lost as the result of a specific event. Such as an accident or through illness that had required hospitalisation. People receiving this service and their relatives told us they received personalised care that supported them to regain their independence. A relative told us "The hospital occupational therapist has been very clear about the rehab plan and that has been put up in the room, so we know what the goals are and so do the staff here." A person told us "The rehab process has been fully explained." And another person told us "I'm making the progress I expected. The home and hospital work very well together. I'd recommend this, we get very well looked after." Reablement training was available for new staff and delivered by the local authority. This trained staff in tools to encourage people using the reablement service to increase their independence and reduce dependency. A social worker told us that staff following the training had learned to take a step back and encourage independence.

Staff provided personal care in a way that showed dignity and respect to people. Where people preferred the gender of care staff this choice was respected. Staff rotas showed there was a balance of the gender of staff and the rota was planned to ensure that people's needs were met while respecting their choice.

Good

Is the service responsive?

Our findings

We observed people received person centred care, a person told us "This suits me very well. All the staff are kind and helpful. [Care staff member] treats me like a brother." Care plans were detailed and written in a person-centred style which provided staff with information and guidance on each person. Care plans for people living at Bletchingley for a six-week reablement programme included the person's reablement goals, which were agreed by the person and an occupational therapist. People's care plans recorded their care and support needs in relation to communication, emotional wellbeing, safe environment and activities. People's interests, religious needs, sleeping, tissue viability, personal care, eating and drinking, and medical conditions were also recorded.

Records showed and we observed that staff supported and encouraged people to have autonomy over their day to day structure and, for their interactions and activities to be meaningful to them. An activities coordinator had recently been recruited to increase and vary activities provided for people and to include more opportunities to go out into the community. The electronic care plans had a section called the 'family hub' which relatives accessed to see photographs or get updates. We saw photographs with staff and people shared on the 'family hub' and relatives had posted messages for people to read and respond to. Records showed that people and relatives had given consent to access the 'family hub' and to take photographs at Bletchingley.

The activity programme included armchair exercises and flower arranging. We observed activities such as hoopla and singalongs in communal spaces an external entertainer visited providing reminiscence activities and reminiscence songs. We observed people reading, chatting and playing dominoes. A person told us "I like playing dominoes. There's always someone to have a game with me, every day. I like the music through the day and the entertainment they have coming in." The activities coordinator used technology, such as a smart TV, to access websites like YouTube to find songs that people wanted to listen to and, they used Google maps to look at countries that people had lived in or had visited on holiday.

Activities were provided in the communal ground floor lounge, we observed staff encouraging people living on the first floor to join activities. A person living on the first floor told us "I get informed of events downstairs and get invited to join in. They respect my wishes whether I choose to go or not." We observed that the activities coordinator went upstairs every day to inform people of activities being run downstairs and to offer 1-1 time. The activities coordinator told us "Our focus is making sure people here long-term do not become isolated."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were detailed well in care plans and support was provided in accordance with people's needs. For example, one person's support plan for communication noted they wore a hearing aid and it could be difficult to communicate with the person without it. Staff checked the person was wearing this, we also observed the person wearing the hearing aid during the day. Staff spoke to the person clearly and checked that the person could see their face when they spoke to them. Records showed that the person

had access to an audiology clinic. When we checked this with the person they told us "I have a hearing aid. They have helped me get assessed for one for the other ear, which I'll be getting soon, that's all been arranged since I came here."

A relative told us that staff understood how their relative communicates, they told us "Mum interacts mainly through touching and I've discussed this with staff."

We observed that a person used a laminated picture book to support them to communicate their wishes, staff prompted the person to use their book to understand the person's needs and wishes. We observed the person asking for a drink and stating what type of drink by using the book to indicate his wishes. Each person had a service user guide in their room and people receiving the enablement service had wall-mounted reablement goals. The menu was written on a whiteboard next to each dining space.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. Since registering in July 2017, the registered manager had not received any complaints. The complaints policy was displayed at the entrance to the home and a copy was stored in each person's room in a service user guide.

Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. Care plans included a section called 'death and dying' which showed that the management team had consulted with people and appropriate relatives about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. For example, in any person's electronic care plan a 'hospital pack' contained essential information, should this be needed quickly. For example, if a person needed to be taken to hospital by the ambulance service. The packs contained information about family contacts, medicines, details of medical history and do not attempt cardiopulmonary resuscitation (DNACPR), if this was in place.

Good

Is the service well-led?

Our findings

There was a positive culture in the service that was friendly, caring and inclusive. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met.

The service had a registered manager in place. The registered manager is also the manager of another service for the organisation, the other service is next door and the registered manager shared their time equally across both services. This arrangement did not have an impact on the safety of people living at Bletchingley. 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 registered manager understood their responsibilities in relation to the duty of candour regulation. The registered manager told us if something had gone wrong or an incident had happened they spoke to the person involved and their next of kin or relatives, to apologise and put things right.

Professionals gave positive feedback about the service. A social worker supporting people using the reablement service told us that the programme was working very well and when visiting they always observed people being supported to meet their goals. They also told us that the care provided at Bletchingley consistently helped people to stabilise their needs, or reduced the support they needed, enabling them to return home. They also told us that staff were very communicative and that they have built up a good relationship and have a good level of trust. A visiting GP told us that Bletchingley has the key aim to care for and about the people. They told us that they have seen people turn their lives around after moving to Bletchingley. Questionnaires had been sent to visiting professionals to seek their views, compliments were seen such as "Always friendly and professional, staff are always welcoming and there is a homely feel."

Staff were observed to work well together. Relatives spoke positively of the registered manager, one relative told us "I've seen real caring from the manager all the way through the staff. The staff communication is excellent and you can see they are always supervised."

Staff, people and relatives were involved in the running of the service and the registered manager acted on their feedback. Records were seen of questionnaires sent to people living permanently at Bletchingley and people who have left after receiving the six-week reablement programme.

Feedback seen from a customer satisfaction survey showed compliments such as, "All the staff were warm and helpful; the care was excellent." And a person who had left Bletchingley after receiving the reablement service fed back "I have improved a lot since being here and that has a lot to do with staff and how kind they are." A relative's feedback said, "I am always made to feel welcome and involved when visiting."

Relatives told us that they were kept informed and engaged in the person's care where appropriate. They told us "She hasn't fallen here at all. I'm contacted immediately over anything that does happen. I've no concerns about any of the staff." We saw an activities newsletter that was displayed around the home and was sent out to relatives.

A suggestion box was observed at reception for visitors and people to submit suggestions anonymously if they wished. Quality checks were carried out by the registered manager and staff. The provider also used an external consultant to complete audits of the quality of the service such as the completeness of care plans and checks on the quality of the service.

Confidential records were kept secure. Staff were trained on the new data protection regulations, the General Data Protection Regulation and on keeping confidential information safe.