Alliance Care (Dales Homes) Limited

Hungerford Care Home

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

This comprehensive inspection took place on 15 and 16 August 2017 and was unannounced on the first day.

Hungerford Care Home offers a service for up to 59 older people with nursing needs, some of whom also live with varying degrees of dementia. Twenty four hour support is provided by a regular team of staff across the three separate units.

A registered manager was in place in the service. 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. Due to changes in the provider's registration, this was the first inspection of the service under its current legal status.

People and relatives felt people were safe and well cared for by the service and that their dignity, privacy, rights and freedom were supported by the staff. They felt staff were competent and well trained and worked together effectively. If issues were raised, people and relatives said they were addressed and they could go to one of the managers if they needed to discuss anything. People and relatives had been consulted about their views about the service and had opportunities to discuss any concerns.

The service provided an excellent range of activities, outings and entertainment to address people's social and emotional needs, especially for those living with dementia. The 'wishing well' scheme, which identified and fulfilled people's personal wishes, was exemplary. Activities staff were dynamic and actively sought new and innovative equipment to help engage with people. Cultural and spiritual needs were provided for.

Staffing levels were regularly reviewed and adjusted in relation to people's needs. Staff received appropriate induction, comprehensive training and ongoing supervision and support.

The environment was well-maintained and work was under way to maximise its suitability to support the needs of people living with dementia. Health and safety and service checks took place as required and action was taken to minimise identified risks to individuals.

People were supported by caring staff who responded to their needs in a timely way. When staff identified concerns these were communicated to senior staff to be addressed. Senior staff were seen to be involved in hands on work with people, which enhanced their awareness of individual's needs.

Care was provided based on detailed care plans which were regularly reviewed in consultation with people and relatives where appropriate.

The service was monitored through a range of detailed audit tools which led to action plans, where necessary, to support its continued development.

We made a recommendation that the registered manager reviews the rights of relatives acting as legal representatives of people who lack capacity under the Mental Capacity Act 2005. This was to ensure they are fully familiar with the rights of people's representatives in every situation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives felt people were safely cared for within the service. Where risks were identified, steps were taken to minimise them.

Staffing levels were subject to regular review against people's dependency levels. Recruitment systems were robust.

The service maintained the environment and equipment to help ensure the safety of people and staff.

People's medicines were managed safely on their behalf.

Is the service effective?

Good

The service was effective.

People and relatives found staff competent and well trained and felt they met people's health and nutritional needs effectively.

Staff received a thorough induction and were provided with an ongoing programme of regular training, support and development.

People's rights and freedom were protected and their consent was sought wherever possible.

The environment was well maintained and work was in progress to further enhance its accessibility and dementia-friendliness.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind and caring. People's spiritual and cultural needs were provided for.

Staff were responsive to people's needs in a timely way. Their approach was kind, patient and caring.

People's dignity and privacy were supported.

Is the service responsive?

Good

The service was very responsive.

The service provided people with a range of high quality activities, outings and entertainment. Activity staff were highly creative and positively motivated to continually develop this aspect of care.

People and relatives had opportunities to raise any concerns through a variety of forums and these were effectively addressed.

People were supported in accordance with detailed care plans which were regularly reviewed so they remained up to date.

Is the service well-led?

Good

The service was well led.

People and relatives felt the service was well led by the management team and that they could approach one of the team with any concerns.

Staff felt supported and positive about the teamwork and team spirit within the service.

A wide range of monitoring and audit systems were in place to help ensure that the operation of the service was monitored. Action plans helped ensure that issues were addressed and the service continued to develop.

The service had received external national awards and was praised for its ethos, team culture and training.

Hungerford Care Home

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.

We have not previously inspected this service under its current registered provider.

This comprehensive inspection took place on 15 and 16 August 2017 and was unannounced on the first day. It was carried out by one inspector, assisted on the first day by an expert by experience and on the second day by an inspection manager. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had provided a Provider Information Return (PIR) in June 2017, prior to the inspection, which was used to plan the inspection process. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager and the regional support manager. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including recruitment records for five recent recruits and medicines recording. We spoke with ten people receiving support, six relatives, one of the activities leaders and four other staff to seek their views about the service. We checked that aspects of people's care records matched their needs and that their identified needs were addressed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us. We observed the lunchtime service in two of the dining rooms on the first day of inspection. We also informally observed the care provided at various points throughout the two days of our inspection.

Good

Is the service safe?

Our findings

People and relatives told us people were safe in the service and well cared for. People's comments included, "I have no problems with them whatsoever," "Oh yes, they are very kind and gentle," and "I need very little support but when needed, yes I feel quite safe." Another person said they never felt unsafe when staff were using the hoist to transfer them, and added they were always assisted by two staff. A relative said, "I would say [name] is safe here" and another said, "Oh yes, I have no worries, [name] is looked after very well".

To identify the potential risk to people, a falls risk assessment was carried out on admission and reviewed at least monthly, thereafter. The registered manager said the recent higher than usual number of falls had been due to the high level of mobility of people within the dementia unit. A local authority representative commented that at one point there seemed to be some inconsistency of falls recording, but this had since improved. None of the other local authority representatives contacted, raised any concerns with us. One family member had raised concerns with us about the management of risk of falls. We looked at information about falls and spoke to staff and professionals about how this was managed. We found that where a high risk of falls from bed was identified, the appropriate least restrictive action had been taken. Beds were lowered with a falls mat beside them to reduce the risk of injury, coupled with an alarm to alert staff to falls. Where a high risk of unobserved falls was identified due to the person getting up at night unsupported, an alarm mat was used to alert staff so they could come and assist them to reduce the risk. The service sought advice from the occupational therapy team, physiotherapists and the 'care home support' team regarding more complex needs. The chiropodist checked the suitability of people's footwear. These steps collectively, helped keep people safer and reduced the risk from falls.

People's care files also contained a range of individual risk assessments of key areas such as skin integrity and risks associated with nutrition and hydration. A record was also completed of the level of pain each person was experiencing, which was reviewed monthly. This assisted staff to continually monitor and react to deterioration or improvement in people's condition. Other individual risks were also assessed such as the risk of falls. The risk assessments were personalised and contained information for staff on how to address the identified concern, while supporting each person to be as independent as possible.

To promote people's safety, risks associated with the environment were identified promptly and action taken to address them. For example, staff had identified a risk due to some recently broken paving stones, making an area of the garden less safe. This was discussed in the daily senior's meeting and reported for urgent remedial action. Records of bath and shower temperature checks were present in bathrooms. However in one communal bathroom we found the hot water temperature at the hand basin was too high. We raised this with the registered manager who was aware of the issue and had arranged for it to be addressed. She agreed to check with the maintenance man that regular hot water checks of hand basins were also completed.

Staff we spoke with were aware of the principles of safeguarding and understood their responsibility to report any concerns about possible abuse to the management. They were confident management would respond appropriately to safeguard the person. One staff member added she had not seen anything which

concerned her. All staff had attended safeguarding training in the last 12 months aside for the most recent recruits who were still working through their induction and mandatory training.

Where safeguarding issues had arisen, these had been followed up and where necessary, changes had been made to care plans or staff practice to reduce the risk of recurrence. For example in one case, fifteen minute observations had been put in place for a period of time to monitor an identified risk. The service had raised a number of safeguarding concerns regarding external healthcare providers. For example, around the failure to return required documentation and medicines when people were discharged from hospital. The registered manager carried out regular checks to ensure that nurse's registrations remained current.

Staffing levels were regularly reviewed using a dependency tool. We observed there to be sufficient to meet people's needs. Call bells were answered quickly and people told us they didn't have to wait long for assistance. Three nurses and nine care assistants were on duty throughout the day. In addition there were one or two activities lead staff and a range of ancillary staff on duty. At night there were two nurses and five care assistants all on waking duty. Care staff mostly worked 8am to 8pm shifts with staggered breaks to maximise cover throughout the day. The impact of staffing levels was periodically discussed with the senior staff team so that necessary adjustments could be made.

Although recruitment was challenging and the service had experienced significant staff turnover, new staff were being recruited continually. The service had not used agency care staff recently, preferring to cover rota gaps from within the existing team to maintain continuity of care. The registered manager had access to two in-house 'bank' staff who could be called upon to cover where existing staff could not. The service's minibus was used to enable staff to get to and from the service more easily. Some on-site staff accommodation was also provided.

The service had a robust recruitment procedure. Some records not initially in recruitment files were quickly located and filed. One person's employment history included some unexplained gaps which the registered manager agreed to explore and record. The registered manager had taken disciplinary or other action where necessary, to address inappropriate staff performance and had high expectations around staff conduct.

People were supported with their medicines. The service had a robust system for the ordering, storage, administration, recording and disposal of medicines. A recognised monitored dosage system was used, where the pharmacy pre-packaged most medicines within blister packs. There had been three recording omissions in the previous 12 months but there were no administration failures. Where staff had made errors this had been addressed in supervision, through re-training and competency checks. People's medicines records included information for staff on their preferred method for taking their medicines to enable an individualised approach. The registered manager had addressed the issues raised in the last pharmacy audit.

General standards of hygiene, infection control and cleanliness were observed to be good and people and relatives confirmed this was usually the case. An unpleasant odour was noted in one area on the first day of inspection. The registered manager was aware of the issue and had instigated a programme of weekly night-time carpet cleaning to try to address it. Additional support had been provided for one person whose behaviour was thought to be a contributory factor. No such odour was observed on the second day of the inspection. Cleaning schedules and records of tasks completed were used to monitor standards. We found one shower chair which appeared to be stained. These were not specifically included on cleaning schedules. We reported this to the registered manager to arrange for it to be cleaned or replaced.

An on-site maintenance man carried out routine safety checks such as hot water temperatures, fire exits,

emergency lighting and fire alarms. To help keep people safe, equipment such as window restrictors, wheelchairs and adjustable beds was also checked regularly. Periodic servicing and safety checks, such as fire alarm, emergency lighting and electrical wiring were up to date or were being organised, if overdue.

Each person had a detailed personal emergency evacuation plan which provided staff or the fire brigade with the information they needed about individual support needs in the event of evacuation. A winter risk assessment and plan had been actioned in December 2016 to address seasonal risks such as boiler breakdown or inclement weather.

An appropriate emergency contingency/business continuity plan was available in the event of emergencies arising. Details were provided for a range of foreseeable events and the necessary contact details were given for key services and management support.

Good

Is the service effective?

Our findings

People and relatives were happy staff were effective and competent to meet people's needs. People said staff contacted the doctor when necessary. One said, "They had to call the doctor, I had a fall, there was no treatment needed." Relatives told us the home managed healthcare needs well. One commented, "Staff here are very good." Another said, "The doctor comes in every Tuesday." People were happy staff sought their consent before providing care. One said, "They always ask me before doing anything for me," another said, "Yes always." One person told us staff asked them where they preferred to eat their lunch. A relative summed up the situation by saying, "They all work together, it doesn't matter who you speak to." Visiting health professionals also praised the service. One described it as a, "Very good service," and said staff were much more attentive to people's needs than in the past. A relative said staff were, "Very attentive to [name's] needs," and added, their family member initially spent a lot of time in their bedroom but had been supported by staff to take more part in activities and spend more time socialising.

People benefited from staff who were appropriately trained and supported. All staff received a general induction, a specific induction to the dementia unit and attended dementia training wherever they worked in the service subsequently. The provider was just introducing the nationally recognised 'Care certificate' induction training and competency framework for new staff. In the past the core standards had been incorporated within the provider's own induction programme. One new staff member told us they were shadowing experienced staff as part of their induction as they had not yet completed all of their core training. They told us they found this useful in developing their skills.

The provider had a schedule of staff training which was attended by all staff as required for their role. Details provided showed an ongoing programme with regular updates to core training as well as attendance on more specific role-related courses such as those on wound care and activities provision. Training records showed staff were up to date with their training or were booked on updates and were reminded when these became due. Staff were happy with the training they received.

A programme of individual supervision meetings was in place to provide staff with ongoing opportunities to discuss their progress, development and training needs. The provider's expectation was for staff to attend at least six supervision meetings per year and an annual appraisal of progress. Records showed supervisions were documented. Most staff were on target for the provider's expected number of supervision meetings.

Systems were in place to enhance communication across the staff team. We attended a seniors meeting which included the sharing of key information about people's wellbeing or changes in their needs and key points were recorded for reference. Updates were given regarding staff recruitment and reminders about respecting people's privacy and dignity. No one present reported any observed concerns regarding staff approach in this regard. The resident of the day in each unit was referred to along with any specific information on their needs.

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. People were involved in day to day decision making and choices wherever possible and their consent to everyday care support was sought to whatever degree they were able. Where people found making choices difficult, staff assisted them. For example, people were physically shown two meal options to enable them to make as informed a choice as possible. Where people lacked capacity, the views of their representatives or close family were sought. Where more complex decisions were needed, appropriate best interest consultations had taken place and the decisions had been recorded. In one instance a relative had raised concerns the service had not fully understood their role and authority as a relevant person's representative (RPR) on behalf of their family member. We felt the service had not fully understood the RPR role but had tried to respond positively to the issues raised.

We recommend the registered manager reviews the guidance on the legal authority, rights and responsibilities of relatives acting as representatives under the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards.

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 application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met and found this was the case. Around 49 people had a DoLS in place or applied for. Renewals were applied for when necessary. Where people were assessed to be at risk of falls from bed the preferred option was a lowered bed with a falls mat on the floor beside it, which provided the minimal restriction of the person's liberty. Where appropriate this option was used in preference to bad rails. Where the GP had assessed people as not benefitting from resuscitation in the event of heart failure, the record form showed this had been appropriately explained or discussed in most cases. The registered manager agreed to ask the GP to review instances where this consultation or the clinical reason was not recorded, to ensure people's rights were fully protected.

One person who lacked capacity had a care plan in place which included covert administration of medicines where necessary. This had been agreed through an appropriate best interest process which had involved the GP, community psychiatric nurse, a family member with power of attorney and an independent advocate. Copies of capacity assessments were present on files where these had been carried out. Staff had varied levels of understanding of DoLS but understood the need to get people's consent and their responsibility to respect people's freedom wherever possible.

Dining room tables were attractively laid to help encourage people to enjoy the dining experience and thus to maintain a healthy dietary intake. People were invited to choose their meal from plated options shown to them, to assist them to make the choice. We noted the menus placed on tables did not always match the meals offered. The change of pudding on day one was explained to people by the chef, but other amendments were not explained, which may have led to confusion. The chef was aware of individual likes, dislikes and dietary requirements and provided specific meals where necessary. People's weight was regularly monitored as one indicator of wellbeing. Aside from the meals provided, a range of basic ingredients was available for staff, relatives or people where they were able, to make snacks when required. Most people enjoyed the meals and some told us they had improved from when the previous chef was employed. One person said, "I really enjoyed my food. The food is always nice." Staff offered relaxed support to those who needed it and encouraged or prompted others as required. Where people displayed anxiety, staff responded positively and allowed them space to get up and walk about if they needed to, before returning to the table. Training had been provided to staff on the use of thickeners in drinks, pureed meals

and the provider's expectations around meals service.

The service provided effective healthcare to people. One relative compared the healthcare support provided in Hungerford Care Home very favourably with a family member's previous service. They added, "The care here is as good as anywhere," and added that health needs were being addressed. Another acknowledged their family member could present challenges and had complex health needs. They said, "Some carers are lovely, fantastic," although they felt at times, some staff didn't encourage the person to get up as much as others, but they felt this was a minor issue. One relative told us their family member's general wellbeing had improved noticeably since the current registered manager had taken over. Healthcare records matched what people told us and indicated regular and timely access to external healthcare.

The service ensured any specialised nursing tasks people required were undertaken effectively. For example, where catheters were used the service had a catheter care plan and kept records of the process and regular monitoring of output. Nursing staff had attended training on catheterisation in October 2016. One relative told us there had previously been some issues regarding catheter care which had now been addressed.

Where people transferred to hospital, appropriate transfer documentation was completed to provide the hospital with necessary information. The service used the 'Yellow Folder' initiative set up by the care home support team. This was a highly noticeable folder containing all relevant documentation about the person that would be useful for hospital staff . The service had experienced some inconsistencies with the return of these documents and people's prescribed medicines on discharge back to the service. They had challenged the hospital about this appropriately. External providers were contracted to offer regular dental and optician services which people could opt into, or use their own preferred service.

The premises were clean and well maintained. There were multiple lounge areas including a currently under used quiet lounge, sometimes used when people had family visits. The registered manager and activities 'lead' person told us they planned to further develop the use of this room. A sensory room was going to be converted to an indoor garden room to enable access to a garden environment when the weather prevented outdoor access. Where bedroom redecoration was due, people were involved in deciding from a selection of possible schemes, how they would like it done.

People benefitted from a service which had consulted recognised external guidance as well as their own 'Provider approach' regarding the optimisation of the dementia environment. The staff team had completed the dementia assessment tool produced by the 'King's Fund' to identify areas where work was needed to improve the environment. Work was being undertaken to address these areas. A number of changes had been made to this end. For example, the provision of dementia-friendly crockery, the aroma of freshly baked bread and a well presented dining table to promote appetite.

Other dementia adaptations had been made, including the purchase of 10 movement sensitive lights to fit onto en-suite toilets to assist people to locate the toilet where they may have forgotten to turn on the light. To assist people's orientation, dementia friendly signage was in place in some, but not all areas. Bedroom doors were painted in a contrasting colour to the walls so they could be identified more easily.

The service accessed reminiscence materials from the local library and other specialist sources including a multi-sensory pack with sets of evocative aromas to promote memories. Staff had worked with people to produce individual boxes of reminiscence items but memory boxes outside bedrooms to aid people in locating their room were not yet realised. The gardens offered some level paths/patio space. The registered manager was consulting on further development of the garden with regard to its suitability for people with dementia and mobility difficulties.

Good

Is the service caring?

Our findings

People were complimentary about the caring approach of staff. One said, "They are very good, very helpful, all very kind and caring." Other comments included, "It's very good care, there is nothing they won't do" and "They treat me very well. There are one or two who are not as good, but they are all kind."

Relatives also praised staff. One said, "Yes they have been trained very well, any issues are dealt with. Staff have got their hands full, but they have great patience and empathy, wonderful." Other relative's comments included, "Yes, most are pretty good," "Absolutely fine, couldn't ask for better," and "[name] get personal, individualised care here."

People felt staff treated them with dignity. One said, "They are very respectful." Another told us, "They are very special girls, never leave me without a gown." Other comments included, "They close doors and knock before coming in," "I am able to wash and dress myself, they don't intrude," and "Very much so, they are respectful and kind. Yes they knock before coming in."

Relatives were also happy with the care and respect shown by staff for people's dignity. One said, "Oh yes, it was her birthday recently, she had 12 people including the chef round her bed singing happy birthday." Others described staff as, "Very gentle and kind," and said, "They support her well," and "Staff are very discreet when giving personal care."

Our observations of the approach of staff were positive. Staff showed respect for people in the way they spoke and referred to them by name. They also worked to maximise people's dignity. Staff managed the situation calmly and respectfully when a person removed items of their clothing in a communal area. The team leader explained this was a pattern of behaviour that had recently increased in frequency. They planned to discuss this with the 'care home support team' to seek ideas about how best to manage the behaviour consistently. Relatives told us staff helped people to maintain their appearance through wearing makeup, nail varnish and their preferred clothing, to maintain dignity. We saw only one instance where staff did not work in a way which respected dignity and privacy, by cutting two people's fingernails in the lounge, rather than in their bedrooms. The registered manager said she would remind staff this was not appropriate. Care plans referred to maintaining dignity and to staff needing to explain what they were about to do, when delivering support.

Staff were discreet in their support of people, such as at mealtimes, when
staff sat with the person to help them to eat and when people were offered help to go to the toilet. Respect was shown for a person who had recently died and a photograph of them was on display. On two occasions staff entered the lounge and did not say hello to or greet anyone, which was a missed opportunity to engage positively and help people feel valued. On every other occasion, staff smiled and greeted people when coming into the communal areas. It was evident from people's responses or facial expressions that this was noticed and valued.

Care plans recorded people's likes, dislikes and preferences and identified other people who were

significant to them.People were involved in day to day decisions about their care as much as possible and given time to respond and make choices. Where people and their representatives had been willing to discuss it, advance care plans had been completed to record people's wishes should their health deteriorate. For example, in what circumstances they would wish to receive hospital treatment or whether they wished to continue to receive care and treatment within the service. The service received many positive messages from families about the care provided to people and especially about that provided towards the end of people's lives. Representatives from the staff team attended people's funerals, with family consent, to pay their respects.

People's spiritual needs were met through clergy visiting the home. One of the staff was also able to offer Holy Communion. Some people were taken out to places of worship by family. Another staff member shared a person's cultural origins and was able to interact with them in their birth language, which helped them feel safe and cared for within the service. Additionally they had been actively supported by staff to follow their own spiritual practices. A number of useful phrases in their birth language had been written down for staff to refer to in order to assist the person to make choices and communicate their needs.

Good

Is the service responsive?

Our findings

People and relatives felt the service responded in a timely way to people's needs and involved family appropriately. One relative said, "It can be quite noisy at times, staff will take [name] back to her room if she wants to go, they are well in tune with her." People were happy they had opportunities to make day to day choices and gave various examples. One said they chose to sit with a particular person at mealtimes, who was their friend. Another said, "Definitely, I can choose when to get up within reason and often go out with [family]." Others told us, "Yes I'm still very capable and independent as I can be," and, "Very much so, I may have early onset of Alzheimer's, but I'm still quite capable." People and relatives were also positive about the range of activities and outings. A relative confirmed their involvement in regular reviews of their family member's care.

For the most part, families felt they were kept well informed about their relative's health and any changes in wellbeing and were involved appropriately in decision making. One person couldn't remember being involved in discussions about their care, but others recalled this. One person said, "Yes, from the beginning," another told us, "Oh yes it was discussed, I had an assessment in December." Another said, "Yes, they know my preferences." Relatives told us they were contacted by the service about reviews and invited to attend. One said they, "have the occasional phone call if there is anything [wrong]." Another relative said, "Yes we are fully aware of her care plan and she has regular reviews."

Records indicated the service maintained effective communication with family members for the most part although it was acknowledged there had been difficulties in one instance, where there had been issues about information sharing and expectations on the service. The relative had requested a multidisciplinary meeting and a specific aid to communication between family and staff and these had both been provided. Relatives were invited to regular care plan reviews, carried out as part of the "Resident of the day" strategy, with consent of the person or their legal representative. Invitations were on people's care files. Relatives we spoke with all agreed they were as involved as they or the person wanted them to be.

People's enjoyment of life was enhanced because the service provided a wide range of creative activities and entertainment. These were led by two activity staff, who had both attended training on the effective delivery of activities. This was an outstanding element of practice within this service. The activities lead person we met was highly motivated and dynamic and consistently sought innovative opportunities to meet people's social and emotional needs and prioritised activities for those in the dementia unit. Both activities leads had signed up to the 'Dementia Friends' scheme. A programme of planned activities was posted within the service and this was supplemented by lots of ad hoc interaction and engagement in response to individual needs. For example, staff accompanied people to walk in the garden on several occasions and others danced with people to music in the lounge of the dementia unit. A wide range of external; outings had been provided to local places of interest, including museums, cafes and garden centres. Records of people's participation were kept and monitored by the activities staff to highlight anyone who was opting out, or did not enjoy what was on offer. A large number of photographs had been taken to show people's participation.

Staff offered one to one time with people who chose to spend a lot of time in their rooms, to help combat the risk of isolation. The activities lead had very creatively involved one person in a particular role as part of an upcoming event, to promote their self-esteem and encourage them to spend more time out of their bedroom. This had significantly boosted their confidence. An assessment was completed for people considered at risk of depression, which identified actions to address and monitor this. In response to people's suggestions the service had made contact with a number of well-known public figures to see if they would visit, with success in some cases. A range of effective sensory and reminiscence equipment had been obtained to help engage people with familiar images, aromas, sounds and objects. The provider had a scheme in place to help people retain fitness and mobility as well as possible called 'Our Organisation Makes People Happy', (Oomph). The scheme included regular sessions of movement to music and chair-based exercises.

The service had a highly positive scheme called "Wishing Well", through which people were asked to identify one thing they would like to do or had always wanted to do. The service then worked to enable this to happen. A number of people's wishes had already been fulfilled with significant benefit to their happiness and wellbeing. One person had been too frail to make the visit they wished for. Instead, the service made contact with the establishment and worked with them to bring the experience to the person so they could still enjoy the memories. Photos of the event demonstrated what a positive experience it had been for the person and this was confirmed by their family. Other wishes which had been fulfilled included, a trip to the seaside, a shopping trip to a major designer shopping outlet, an Irish themed event, a trip to the cinema to see a particular movie, followed by a 'pampering session' and a visit to a steam museum.

One example of exemplary person-centred practice to do with the wishing well, scheme was the plan to fulfil a person's wish to revisit a favourite overseas location where they had lived previously. The service had worked with family and others to plan the trip and proposed to provide staff support while the person was abroad, without which the trip would not be possible. One of the staff identified would be fluent in the person's birth language to help ensure their needs were fully met. Plans were under way to meet other wishes.

The service celebrated people's diversity by organising a range of cultural events throughout the year, for example, St Patrick's Day, Diwali, Burn's night, Easter and others. Photographs of these occasions showed staff and people dressed up and got into the spirit of these events. These events had a positive impact on people's emotional wellbeing. Monthly resident's meetings were held for those who wished to take part. The registered manager said the average attendance was about ten people. The meetings enabled people to give feedback about the service. Minutes showed discussions about what was and wasn't going well, whether they had enjoyed activities and entertainment and what people would like to see take place. A computer was available so people could maintain contact with relatives and the service provided a regular newsletter to keep relatives informed of events.

The service reached out to the local community and beyond. Links were being made with a local school, to encourage young people to come in and spend time with people as well as providing musical entertainment. The service participated in the 'National Care Home open day' "Big Lunch" in association with a well-known environmental project to get as many people as possible to enjoy a meal together. They took part in a Guinness world record attempt for the largest multi-site tea party. Again, photographs showed people had greatly enjoyed participation in these events. The service has also welcomed student visits from the local university.

People and relatives knew how to make a complaint. One person said, "I would ask to see the person in charge," another told us they had not needed to but would if necessary. Another relative said, "I have raised

a few, they tell me [they] are being addressed." Other relatives told us, "It's not been necessary to raise a concern and "I do not have any concerns at all." One person told us, "Oh yes, I have no complaints, I'm looked after very well." People and relatives were satisfied the service had addressed their concerns, although one person said, "It took two attempts but it was sorted in the end, nothing serious." The service demonstrated a positive, responsive attitude to complaints and concerns. For example, in response to complaints about damage to delicate clothing, the service had ordered separate bags in which to wash delicate items. Plans were being made to improve parking facilities in response to complaints. The service had also made significant improvements to meals and the mealtime experience in response to issues raised.

One relative had raised a complaint about communication, recording, care practice and decision making which the registered manager had tried to address in a number of ways. We looked at the service's initial response to the complaint and saw they had acted to try to address the concerns raised. For example, through creating a one page document to describe the person and their needs at the time. They had also agreed to an individual communication tool for use by the family and staff. A multi-disciplinary meeting had been held to make decisions about the person's care needs. Overall the service had acted positively to try to resolve the various concerns raised. However at the time of our inspection this had not yet been resolved to the complainant's satisfaction.

Staff regularly checked people's wellbeing throughout the day. They offered people snacks and drinks, ensured they were comfortable and offered to assist them to other locations within the building if they wished. Where people wished, they had a daily newspaper and staff sometimes used this as a way to open a conversation. People were reminded of upcoming activities or events and encouraged to take part.

People received care and support based on a detailed care plan which was person centred and reflected their individual wishes likes and dislikes wherever these were known. Where people had made their preferences clear non-verbally, this was also recorded to enable staff to respond to everyone individually. Care plans were reviewed monthly as part of the resident of the day process within each unit. The views of people and relevant others were sought as part of the review process. Risk assessments were also subject to regular review. Where a person was to be discharged back to the service from hospital their care plan was updated on their return based on a re-assessment of their needs.

Good

Is the service well-led?

Our findings

Some people and relatives recalled having been asked their views about the service. Two people said they were happy to volunteer their opinion whenever necessary. People and relatives gave positive feedback and some added that the service had improved more recently, particularly in relation to the food. Relative's recalled completing surveys and being invited to occasional relative's meetings. People felt they could approach one of the management team if they had a concern. Relatives felt the service was well run and staff worked together. One said of the registered manager, "Oh yes, very efficient, runs it well. " Another told us, "Everyone gets on well together, they take notice from the top down." A relative also told us there had been an improvement in the level and range of activities since the current registered manager came into post. Feedback from the local authority related to their involvement around a recent complaint by a relative. Some concerns had been raised with the service around recording issues, which we found had been addressed satisfactorily.

The service had been awarded two national "Health Investor" awards for "Best residential care provider 2017" and "Best for clinical facilities." The judges complimented the provider and service on its ethos and positive team culture and recognised the additional nurse training provided. They described the fulfilment programmes such as the 'Wishing well' scheme as "Inspirational".

The service helped establish and hosts the registered manager's local network meetings, which provided opportunities to discuss and share good practice and other operational issues. The registered manager kept her knowledge current through attending training and relevant conferences such as the 'Berkshire Care Conference' and other events.

Meetings of various groups of staff took place regularly to share information and help maintain consistency of approach. For example, meetings to discuss activities, a Health and Safety committee and a staff forum all took place, most recently in July 2017. As part of the service's openness, regular resident's meetings took place as well as periodic relatives meetings, most recently in February 2017 and regular food committee meetings to discuss menus. Four full staff meetings were scheduled through the year. The provider promoted their service ethos through notices, staff information and relative's newsletters as well as via the rolling training programme, daily seniors meetings and others. Staff told us everyone could contribute during team meetings and everyone was asked their views. One member of staff said, "Everyone has a chance to speak and we are listened to." They felt the staff team was positive and supportive and care staff said nursing staff were supportive and happy to be hands on when necessary.

The service notified the Care Quality Commission of required events and provided additional information when asked. Notifications are reports of events that the provider is required by law to inform us about.

To ensure the quality of care for people remained high, the registered manager completed monthly audits to monitor all aspects of the operation of the service on a cyclical basis based on a written schedule. For example, areas such as falls, safeguarding, tissue viability nutrition, activities and medicines. The activities audits carried out showed improved performance between the January and June audits and included

action plans for ongoing improvement. In addition, the regional manager undertook monthly visits and provided reports to the registered manager, which included an action plan for any issues identified. To ensure staffing levels took account of people's changing needs, staffing requirements were regularly reviewed.

A range of other in-house and external audits ensured the performance of the service was regularly monitored. An external audit of medicines by the pharmacist provided an action plan which had been addressed. The registered manager carried out quarterly unannounced out of hours visits to monitor care practice. The registered manager also completed a whole home annual audit, most recently in June 2017. The provider had a system of additional annual peer audits by a group of external managers. Audits led to an overall rating and included an action plan to address any shortfalls. To promote its continued development, the staff team had carried out a self-audit of the dementia friendliness of the service. This had identified additional areas for future development

People and relatives had opportunities to raise any issues or concerns at regular reviews, resident's meetings and periodic relatives' meetings. A survey of people and relatives' views was carried out in 2017, resulting in an overall satisfaction level of 87.4%, which was an improvement over the previous year. The survey identified the need for improvements in the meals which had since been actioned with the contractor through additional training and a change of chef. A relative had raised the need for improvements to the parking which had also been raised as a complaint. Plans were being developed by the provider to improve this. Other issues raised had also been addressed or were in process, showing the service responded positively to these. The 2017 staff survey had led to improvements in staffing levels and deployment and more frequent review of dependency levels across the service to enable staffing adjustments to be made more quickly when needs changed.

Care records were consistent with people's reported needs and indicated regular review as well as appropriate involvement. Where we found discrepancies, such as minor conflicts in information, we reported these to the registered manager who agreed to address them. Some staff's handwriting could be hard to read at times, making it difficult to read some documents quickly. The registered manager agreed to address this.