

Sanctuary Care Limited

Greenslades Nursing Home

Inspection report

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Date of inspection visit:
15 October 2018
16 October 2018

Date of publication:
30 November 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Greenslades Nursing Home provides care to a maximum of 67 people. The home has two units: Isca Unit, which can accommodate 36 people whose primary care need is dementia or mental health needs, and Belvedere, which can accommodate 31 people with general nursing needs.

At the last inspection in 2016, the service was rated Good.

At this inspection we found the service remained Good. The domain of Responsive has improved to Outstanding.

We carried out an unannounced inspection of Greenslades Nursing Home on 15 and 16 October 2018. At the time of the inspection 58 people were living at Greenslades Nursing Home. There was a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run. The registered manager was clearly passionate about providing a good quality, individualised service. They had worked at the service for many years.

Why the service is rated Good.

At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. Some people were not able to comment directly on their experiences due to living with dementia.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and also enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people. People looked comfortable and happy to spend time in the lounges, their rooms or the conservatory and dining rooms.

People were provided with excellent opportunities for activities, engagement and trips out. These were well thought out in an individual way and included ensuring people felt part of a community in the home and out. People could choose to take part if they wished and when some people preferred to stay in their rooms, staff checked them regularly spending one to one time with them. Additional activity co-ordinator hours had enabled the home to offer a Namaste sensory programme (looking at pleasure in the small things) and topical events were inclusive and celebrated people and staff differences such as nationality. Friends and family were encouraged to visit and be involved. There were community links with colleges, foreign students and university reading programmes as well as external visits from musicians, churches and animal centres for example. The activity co-ordinator and staff clearly knew people well and what they liked to do, encouraging people to continue past hobbies for example. End of life care was also excellent and there were

many examples of how staff had promoted a good quality of life in people's final days as well as supporting families.

People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home or watched television. The majority of people were living with dementia and were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding, ensuring people moved around safely from a discreet distance or were engaged with sensory activities.

People and relatives said the home was a safe place for them to live. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked well with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. Behaviours were monitored if necessary to keep people safe and appropriate referrals made to external health professionals.

People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been few complaints.

People were well cared for and relatives were involved in planning and reviewing their care as most people were not able to be involved due to living with dementia. Care plans showed that people were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose and the environment promoted people's independence. Where people had short term memory loss or anxiety, staff were patient in repeating choices each time and explaining what was going on and listening to people's repeated stories.

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Medicines were well managed and stored in line with national guidance. Staff had good knowledge of people, including their needs and preferences. Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were able to fill vacancies if they could not cover shifts within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. A newer care worker told us, "I love it here. You are not allowed to work alone until you are ready and the support and training is very good."

People's privacy was respected. Staff ensured people kept in touch with family and friends, inviting friends

and family to outings and events regularly. All eight relatives told us they were always made welcome, updated on their loved ones care and were able to visit at any time.

The registered manager and showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example, they attended weekend events and were always available to speak to relatives and staff. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. We spoke to the registered manager about the accessible information standard. This ensures people's communication needs are identified and met. Care plans provided good information and the registered manager already included the standard in their assessments, hospital passports and information sharing within the wider staff team. People's equality and diversity was respected and people were supported in the way they wanted to be.

Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. For example, staff knew people's backgrounds which helped to explain and manage people's behaviours in a positive way. Information included people's previous history, including any cultural, religious and spiritual needs.

Meal times were a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for as well as specialist crockery and cutlery and finger foods to aid independence for people living with dementia. The chef saw people individually on a regular basis to ensure they received meals they enjoyed.

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider visits and supported by a Sanctuary quality support manager. There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

A monthly newsletter and notice board kept people up to date and organised events such as BBQs and national events and encouraged families and children to attend. This showed that people and their families mattered to the staff, who also shared their lives, families and pets.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Greenslades Nursing 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 checked 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 15 and 16 October 2018. This was an unannounced inspection and was carried out by one adult social care inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case experience of caring for people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in 2016 we did not identify any concerns with the care provided to people.

At the time of this inspection there were 58 people living at the home. During the day we spent time with all 58 people who lived at the home, we spoke with six people in more depth and spoke with eight relatives. As some people were living with dementia we also spent time observing care provided in the communal areas and took lunch with eight people on the dementia unit.

We also spoke with the registered manager, administrator, the deputy manager, the receptionist, activity co-ordinator, the regional director, eight care staff, three registered general nurses and a domestic.

We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records and care files relating to the care of four individuals.

Is the service safe?

Our findings

The service remained safe.

People and relatives told us they felt the home was safe and they were well supported by staff. A relative said, "I can go home and feel ok and live my life too. They all love my wife, it's such a blessing." Another relative said, "Yes. I visit twice a week. They [staff] will always phone and let me know if anything happens. They will take her straight to hospital if necessary." Another relative said, "[They are safe] definitely. I think they are well cared for." A comment from a person living at the home on a national care home review website stated, "The level of care I am experiencing day to day is very good, it makes me feel safe and secure. As I am constantly on the move this purpose built home with its long corridors is perfect for my needs. All in all, I am very happy here."

The provider and registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well, with provider involvement, and we saw during safeguarding processes that the service worked openly with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns. Issues would be addressed and people seemed happy to approach staff and indicate if they needed any assistance. A notice in the foyer further gave people and visitors information about what to do if they suspected any abuse or harm.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home; recognising and intervening quickly if any frustrations and misunderstandings arose between people due to them living with dementia. This was especially important as some people were independently mobile. Staff used their knowledge of triggers that could be negative for people to reduce the risk of behaviour which could be challenging for staff, chatting and distraction techniques and showing patience and understanding. Most people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

The balance between people's safety and their freedom of choice was well managed. Those people who may need one to one support at times had this regularly reviewed. Staff were visible around the home and in lounges and quickly noticed if anyone was trying to move on their own without waiting for help if they needed assistance. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant at recognising the signs of these and ensuring the person had appropriate treatment to keep them safe. Records showed people were checked on regularly and we saw staff checking people's rooms regularly on both units.

Risk assessments and actions for staff to take were included for risks of pressure area skin damage, falls and nutrition. For example, training for staff had been organised about further bite size training to focus on ways to reduce falls even more. There were few wounds and these were monitored comprehensively. Where

people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. Some people were nursed in bed due to their condition and they were checked for re-positioning regularly. Care plans detailed whether people could use their call bells effectively and staff monitored people accordingly.

Staff were attentive to people's needs, knowing them well and interpreting body language. There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People said, "There are always two carers to hoist. If [person's name] is wet, they come within five minutes and change them."

Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life.

We saw that people received care and support in a timely manner. People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record.

The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh. Relatives all said this was always the case. Staff used personal protective equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control.

The registered nurses were trained in medicine management. Medicine administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded accurately when received. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing their medicine record. Medicines were thoroughly audited by the registered manager. Medicines were stored safely and records kept in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. For example, each person had a personal emergency evacuation plan (PEEPS) to enable emergency services to know how to support people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken.

Is the service effective?

Our findings

The service remained effective.

There continued to be a stable staff team at the home who had good knowledge of people's needs. Some staff had worked at the service for several years. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One relative said, "Staff have the right level of skills to support my husband."

New staff underwent a comprehensive corporate induction programme for three months. This was followed by a nationally recognised training format. New staff worked in addition to staffing rota numbers and had a named mentor to support and follow their progress. The registered manager was pro-active in monitoring staff competencies to ensure they could meet people's needs. For example, one new staff member had not been employed recently as it had been thought they were not suitable for the job. Staff received regular supervision in one to one sessions, especially in the first three months, to monitor how they were getting on and any issues or training needs. The registered manager ensured that training was inclusive and supported individual learning needs, for example ensuring staff knew how to speak their records into the electronic device if they needed support with literacy. A new care worker said, "I had a really good induction. They don't let you do anything on your own until you're ready. It's very nice and I was well supported. I am doing induction learning booklets and the home has staff who are trained to train so I didn't even have to leave the home."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff said, "I'm happy working here. People's needs have increased and it's very demanding but we offer lots of reassurance and we are very well supported." Sanctuary Care had a Learning Academy and a designated nursing development manager who supported the training programme. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date. This was confirmed by the training matrix record. The registered manager invited external professionals to run additional training sessions for staff. For example, the home was supported by the local hospice and staff, family and friends were invited to attend Dementia Friends Awareness sessions. These are nationally recognised sessions to help provide people with a greater understanding of dementia and the small things that people could do to make a difference. The home ran bite-size sessions in various topics to update staff regularly, for example in wound care. This ensured staff had up to date knowledge of current good practice and were encouraged to use what they had learnt. For example, the current focus was on the new electronic care system. There were regular workshop sessions and advice supported by the software company. Ideas and suggestions from staff were listened to in regular staff meetings and the registered manager was ensuring they passed comments onto the software support to bring about helpful changes.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The dignity in care lead told us, "Our training has the emphasis on maintaining the dignity and respect

of all our clients and is the focus of our care. Care staff are encouraged to focus on the value of every person as an individual and to respect their choices, views and decisions and not to make assumptions." We saw this person-centred care being put into practice throughout our inspection, from being respectful, to understanding individuals' needs and communication methods to offering choices. For example, staff ensured people were wearing their glasses and hearing aids. During lunch people living with dementia were shown different plates of food to choose from or a picture. Coloured plates, toilet seats and doors helped people independently navigate their environment more independently. Information was also available in large print such as the complaints procedure.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. Since the last inspection the registered manager had undertaken training in the Mental Capacity Act 2005 (MCA). This meant they were aware of their responsibilities under the act and how to apply its principles to their practice. 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. Throughout the inspection we heard staff consistently asking people to consent to their care and treatment, and ensuring they had the information they needed to make decisions. This was also evident in care records. Assessments of capacity were planned as part of the admissions process and in response to a deterioration in mental health. This ensured people's legal rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service had referred people for an assessment under DoLS where required.

The new electronic care planning system had been in place for seven weeks. Staff said they were impressed with the new electronic care planning system. They said that it was great and that it really helped to be able to update notes anywhere so staff could stay with people. All staff could access full care plans and risk assessments at any time from their own hand-held devices. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required. There were regular reviews of people's health.

Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individuals wishes. It was important to some people that they were able to move freely, sit in their favourite places or have items with them that made them feel secure. This ensured people's choice was taken into account.

Staff and the registered manager were able to tell us how they cared for each individual to ensure they received effective care and support. For example, they knew about people's past lives and could initiate conversations that were positive for people. The registered manager was also looking into providing some mobile call bells, although staff checked people in lounges and in their rooms regularly. Relatives spoke positively of the staff who worked in the home.

People had access to health care professionals to meet their specific needs. Relatives said, "They take her to the hospital for hearing aids. Her eyes are tested. The home organises it" and "He has had an optician. He is seen by the chiropodist and he has his hair done every six weeks. The doctor comes every Friday and if he needs to see the doctor he will." Records showed people attended appointments as necessary with GPs, who were at the home weekly, dentists, chiropodists and speech and language therapists. Records detailed

staff made sure people were assessed and saw the relevant professional if they were unwell. The registered manager also ensured staff used a research based method for assessing pain for people living with dementia in particular and sought regular medication reviews with GPs. Some people had a better quality of life now they used a regular medicated pain patch, for example.

People and relatives said the food was good. Comments included, "They are always accommodating with food", "The food here is excellent. There's a choice. The head chef came in and had a natter and asked if there was anything she liked" and "He has pureed meals and eats everything he's given." Each person had their nutritional and hydration needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. Everyone we spoke with was happy with the food and drinks provided in the home. Staff knew what people liked to eat including their favourite foods and dislikes and plated up individual meals according to what people liked. The chef visited people often, their records showed a very personalised service. Comments showed they had had a good chat and records included, "[Person's name] is very happy with what is on offer however she has irritable bowel syndrome that worsens if she eats meat or vegetables. She likes to have jelly from time to time. We will make this available to her in portions stored on the unit. She would also like her omelette to be served hot to her with a cover on. She has also expressed a desire for raspberry jam, I will order some and put it on the unit for her. The kitchen will prepare pasta when she wants." And "Went to see [person's name and their relative] She is eating pureed diet well and there are no complaints. We will implement and get her some toffee yoghurts." Kitchen staff also wrote to people's relatives when there was a menu change to ensure relatives could advise as to the person's preferences saying, "So we can make sure [person's name] has a meal they enjoy." If people liked particular foods this was kept available and labelled in the dining room fridge.

People were offered their choice of drinks. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. Tables were set nicely. There was friendly banter between people and they were offered seconds. This helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake. Regular snacks were provided throughout the day, including homemade cakes.

People had the equipment and environment they required to meet their needs such as hospital beds, hoists and assisted baths. The provider was currently investing in extensive refurbishment of the décor, lounges, conservatory, bathrooms and garden. All areas were secure and accessible safely including a secure garden and very spacious communal areas.

Is the service caring?

Our findings

People continued to receive a caring service. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. People and relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one. They said, "They are particularly friendly and helpful here" and "The staff encourage me to take a pride in my appearance." Relatives were encouraged to be part of the Greenslades 'family'. Many relatives came regularly to the home to help out volunteering and act as advocates. One relative came every day to assist with breakfasts and chat with people, enjoying the company.

All staff were seen to be extremely caring with people. People and relatives were positive about the care provided. They said, "The staff talk to [person's name] they are very caring" and "Yes, [staff are caring]. They spend time. I have a good relationship with them." Another relative said, "I find them [staff] particularly caring. I can't fault them. If you ask for something, they are here. He is now completely dependent." People were acknowledged by staff in all roles as they moved around the home and went about their day. One person smiled and told us, "Oh yes, they look after me!" We saw one staff member sitting with a person who had previously been distressed. The staff member sat holding their hand in their room until the person dozed off. We saw the domestic staff having lovely chats with people and sharing laughs as they carried out their tasks. They were also very knowledgeable about people's needs and were able to tell us about people's backgrounds and what they enjoyed talking about. They told us they had been at the home for many years and felt people were well supported. They said they wanted to make sure people had a lovely environment to live in, there was a photo of a tidy dining room on the wall for example to remind staff how the dining room should look.

People's rooms were very personalised and personal health equipment such as continence aids were kept discreetly stored. One relative said, "The care is fantastic and it is always spotless." Staff knew that one person liked a warm, covered toilet seat and they ensured this was kept clean for them. Another person suffered from the cold and their room was warmer and they were wearing more layers. Recent reviews in a national care home review website included, "We had difficulty finding a good nursing home for my husband who had various problems. But we were very pleased to find this one. He was treated with gentle care and he was looked after in a dignified manner, he was fed and kept clean. The staff took time to talk to him. As he neared the last 10 days all the staff were very kind to me too. Allowing me to stay with him" and "Staff were very caring, doing a job which must be very difficult."

Staff paid attention to detail to ensure people had the care they needed and that their independence was promoted. For example, one person always had two small drink beakers next to them so they could have enough fluids but be able to pick up the smaller beakers by themselves. One care worker told us, "We always try to do person centred care. [Person's name] likes a shave after breakfast. We need to move away from routines, it's about people." We then saw the domestic staff understanding the world that one person lived in with dementia, the person was chatting about catching a train and the domestic staff member was saying, 'Have a lovely time'. Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids, drinks, available staff and easily accessible bathrooms

and room doors painted so people could find them.

Staff also knew how people liked their room to be left, for example some people liked low classical music, other people had a projector set up which showed calming sensory pictures projected onto the wall. Staff popped in regularly to see people who preferred to stay in their rooms. One care worker reminded a person they had a drink, offering a different drink or a fresh one. One person living with dementia was becoming anxious and staff immediately guided them to a quieter area and put on the person's favourite music. The person became visibly calmer and relaxed. One staff member showed us a person's wedding photograph, they said it was important to know what people were like when they were younger.

Visitors were welcomed at any time. One relative arrived and staff immediately helped them to go and spend time in their room. The relative later sought us out to tell us how happy they were with the care. They said, "You can really tell they love my wife." Another relative said, "The staff are lovely, very caring." Staff said to one relative, "Are you alright? Look after yourself". Staff cared about people as well as their families and knew this relative had been poorly. Another relative told us they came in every day and liked to help out. They said, "[The staff] all look after me too. I'm very happy with everything." Staff also ensured people's rooms were tidy and ready for relatives to collect people's belongings after they had died. They said it was important not to rush relatives. Another relative said, "It's a lovely atmosphere here, you can't beat the staff. Everyone is so nice. I've just been chatting to the maintenance men."

Staff clearly felt proud to work at Greenslades and dedicated to providing good quality care, especially to those living with dementia. Two staff had raised funds by running a charity 5k inflatable run. They received praise from the home for their excellent efforts. Staff had been allocated to ensure that people had individualised Christmas presents from staff who knew them well such as particular hobby items and toiletries.

We saw staff interacting with people in a caring and professional way. Staff ensured people were assisted to the bathrooms discreetly to maintain their continence. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way such as an infection.

Is the service responsive?

Our findings

People were supported by a staff team who were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. They sought out activities in the wider community and helped people live a fulfilled life, individually and in groups, including towards the end of life. People were supported by very responsive staff who often went the extra mile to provide people with good quality care. This good standard of care enhanced people's quality of life and wellbeing.

The activity co-ordinator was extremely passionate about ensuring each person was valued and celebrated. They clearly knew each person as a whole within the community and were able to describe what people liked to do and what was going on in their lives. They said, "I know everyone, I love it here." All staff were encouraged to be involved in ensuring people had their social and emotional needs met as much as possible. An initiative called, 'Together at Ten' promoted all staff in any role to sit with a person for a chat or cup of tea at 10am each day if people wanted. We saw staff doing this and enjoying time with people. Staff also facilitated people chatting with each other and included groups of people in conversations so they got to know each other.

People and relatives told us how much staff and management knew people as individuals. One relative sought us out to tell us, "The staff are magnificent. No-one else could look after my wife as well as they can. I am 100% happy. My wife can't speak but they always talk to her and they seem to have good 'conversations'. Staff sit and talk with her, she does balloon games and they tell me how being with her is a pleasure." Another relative said, "She's perfectly happy here. I have never heard her moan at all. She enjoys it. There's a lot of things on. The staff tell her what's going on."

Care records showed that people had regular and personal support to meet their emotional and wellbeing needs. The registered manager was able to audit how these needs had been met each month using the new electronic system. For example, one person's care records included, lovely details about what people had been doing, [person's name] "Enjoyed singing to the 50's and dancing in their chair, it's good to see them come alive whenever they hear this type of music", "Came to animal therapy, seemed to enjoy holding the rabbits but wanted to keep the guinea pigs", "Enjoyed her visit from family, they brought some new trousers and socks, also a enamel plate which they had always had", "Celebrated Silver Sunday yesterday, really enjoyed the music, sang along and armchair danced, enjoyed the finger sandwiches and cakes with cup of coffee which has to be hot with two sugars which they said was perfect" and "Had a lovely chat this morning about sausages, as I encouraged to eat sausages after I took off the skins which they enjoyed". Another person's records said, "Has done painting in the garden which they enjoyed, enjoyed chatting to staff and giggles, enjoyed animal therapy, stroked Big Gracie the rabbit, enjoyed playing football in the corridor".

Care plans were person centred and provided detailed information about people's needs and preferences and were regularly reviewed with people and advocates. Pre-assessments included what differences people may have and how the staff could meet people's needs individually. For example, using the SOP, assessment tools and celebrating staff differences such as LGBT to encourage people to share how they could be fully supported. Care planning was also on the residents and relatives meeting agenda for people

to discuss. There was a 'resident of the day' scheme which meant their care plan was reviewed and staff spent time with them. Care plans included 'self esteem'. One care plan noted that the person could get lonely, being supported in bed so staff were sent in sometimes for one to one company. The electronic hand-held care planning system had only been in place for seven weeks but staff felt supported with workshop training and opportunities for them to say how it was working. For example, staff could use the Dictaphone function to add notes.

There was also a further activity assistant being recruited to enhance the care already provided and provide more one to one sessions. Staff in all roles and in the activity department worked together with the management team to meet people's needs and small, caring interactions were seen to be as valuable as organised group events.

There were many events and activities on offer and the registered manager said it was important for everyone at Greenslades, people and staff in all departments, to be involved as a community. One particular event was very inclusive. The Summer Cruise Week stemmed from people having enjoyed cruises in the past. The week saw all staff wearing sailor hats, traditional costume and people 'travelling' to a different port each day reflecting the home countries of some of the staff and people living there. For example, people visited the Phillipines, South Africa, India, Poland and back to England for fish and chips as people had requested. The chef prepared matching menus showcasing each port's dishes with staff input. People were also able to enjoy cultural activities and have their photograph with the 'captain' and staff as one would on a cruise, followed by an end of cruise party. One person who had previously been reluctant to try anything new loved all the different foods and now ate a wider variety. People tried 'deck games' and were still talking about their younger days playing yoyo and throwing a rugby ball. This was added as a regular activity. Another person's records said, "Played rugby with staff while they were in South Africa on our cruise, joined in football in the corridor and balloon tennis on one to one." The registered manager said they now sat in the lounge with other people to watch TV for a short period of time, which they had not done before the cruise. The 'cruise' was an annual event so people could look forward each year to their 'summer holiday'. Last year people travelled around 'Europe'.

Staff in the home were also pro-active in sourcing and participating in national and community events. The home participated in the nationally led annual Silver Sunday by holding a swinging 60's tea dance. This is an annual day of fun and activities for older people across the UK, celebrating the older person and their contributions to the community. Photographs showed how the home managers attended the weekend event and enjoyed being with people. One person hadn't stood up for a long time and was supported mostly in bed. For the event they wanted to attend in their wheelchair. They ended up asking to be supported to stand up so they could 'dance' with their daughter. The daughter said it 'made their year!' and the person has now been able to visit their home to see their grandchildren. Staff said how people, especially those with visual impairment had enjoyed the singing so staff played these songs in their room now and ensured they were present for musical activities. Another person had also started to try to walk following the tea dance and had progressed to using the lift independently.

The National Citizens Scheme students had volunteered to upgrade the garden for people living with dementia to enjoy. A garden party for the Queen's birthday was held. There were flags and tiaras and crowns for people made in an arts and crafts session. One of the relatives played 'Queen for the Day'. Staff said a person who didn't usually enjoy singing or chair dancing was happily singing and dancing in their chair. Staff and relatives joined in by dressing up in their posh frocks and men in their attire, the chef made cakes to celebrate the Queen's birthday which everyone said tasted absolutely delicious.

The home valued volunteers from the community to interact with people in the home, with a focus on

meeting people's needs at the heart. The activity co-ordinator welcomed college and foreign students and volunteers to help provide engagement and activities through local colleges and the Globe English Centre for Foreign students. The activity co-ordinator was still in contact with the students when their eight week placements had finished saying, "It was so much fun for everyone, the students want to come back." Medical students also came to the home for dementia care experience. Students rated their experiences as 'excellent' and some came to work at Greenslades. The activity co-ordinator had sent each student and volunteer a thank you letter for their work at the home, "You gave time to every single resident, you listened to them and they came to trust you. All the staff enjoyed working with you, nothing was too small and you have the right attitude for the care sector." People had enjoyed interacting with the younger generation. We heard how one person would only join in if collected by a particular student. Students had formed strong bonds with people and had taken people for regular outings for walks, shopping or visiting community settings like churches and doing lots of recreation activities with them on one to one basis. Their placement and training emphasised 'just sitting with people' as being important to witness their lives. Students from the Exeter University Care Homes Reading project visited and read to people on a regular basis.

Events and engagement with people was celebrated by the home and the staff and activity co-ordinator loved to share these moments with people's family and friends. They told us how they put photos in people's electronic care plans and printed out pictures to give to families. There were many photos of people enjoying a huge range of activities and social time around the home, titled 'Things we like to do'. One couple had celebrated their 70th anniversary. Their relative sent a thank you saying, "I would like to thank and congratulate every member of staff for going above and beyond making my parents day extra special. They mentioned a special cake, balloons and banners, presents from staff and a specially made folder of the couple's life. The provider also issued a web release with a comment, "We are so honoured to be able to celebrate this special day with them." Another person had celebrated their birthday with staff. Their family said after the event, "Thank you to all the staff for the wonderful birthday you all put together. Dad was very impressed. It takes a bit to get Mum smiling these days but she did!"

There were links with the local air and army cadets. On Remembrance Sunday last year they spent time with people having poppy themed cakes. They made a positive impact on the ex soldiers and pilots who lived in the home. One person who usually didn't like to join in, saluted the four cadets which surprised staff and then shook hands with them all. Another person, had been an officer in the Royal Air Force who chatted to them about the service and asked each one what service they wanted to be in and told them it was the best job in the world and to enjoy it.

There was a weekly activity programme for morning and evening. Much of the social provision was through one to one engagement which was reflected in the daily records. Clearly staff and the activity co-ordinator knew people well and had planned the activities according to people's preferences. Events included games, hand massages, painting, news, music and movement, badminton and movies. One person had attended a music event. They enjoyed chair dancing and the activity co-ordinator said how the person had not spoken for a long time and now joins in and their movement is improving.

On Thursdays a local charity 'rickshaw ride company' came to take people out on a one to one basis with a staff member. People had taken rickshaw trips down to the quay and surrounding areas. One person enjoyed going out on the rides as staff always collected flowers which they would discuss with management when they got back. The person said their name should be engraved on the seat as they enjoy it so much. Their relative had been able to go out with them for the person's birthday. Another person since going on the rides has become more sociable and made friends with others. Previously, they had been unsettled and stayed in their room. They said they would like to go again so this was being arranged. Photographs showed lots of different people had had lots of fun. A photo scrapbook showed lots of recent trips such as going out

shopping. The book had a quote saying, 'Home is where our story begins.'

Staff were very responsive to people's needs and understood how these might be linked to people's past. One person had been a removal man in their career. Staff all knew that the person liked to collect items and carry them around the home, later 'delivering' them. Staff told us, "He is happy doing that, we talk to him as if he is working. He is a lovely man, very physically able." Where other people picked up others belongings as they moved about, staff had decorated plain cotton shopping bags with them and filled them with sensory items, like 'fiddle muffs'. These were hung in the corridors and people living with dementia had stopped picking up other people's items.

Another person had been a prison worker. They were enabled to 'go to work' around the home, doing warden checks and monitoring the corridors. Staff said hello to them as they passed. They made sure people were not tiring themselves and encouraged people to have a 'break' which they did. Staff said to them, "Shall I walk with you? You coming in for a tea break?" One person was very active around the home. Staff had found that they loved listening to music so the person now spent the afternoon still moving around the home but with headphones on. We saw them beaming with smiles.

The additional activity assistant had enabled the home to implement a Namaste programme for people living with dementia. This focussed on 'honouring the spirit within' which promotes a respectful relationship and an inclusive, community feeling. The programme looks at comfort and pain management, sensory stimulation and meaningful activity, using everyday tasks such as washing to focus on pleasure and a sense of wellbeing. Families are encouraged to take part in Namaste meetings and sessions so they can enjoy sharing the small things. One person who was nursed in bed, usually made groaning/screeching noises continuously, they used to have a strong painkiller and anxiety medicine. Now with regular sessions using the sensory machine, classical music and hand massage, the registered manager said they were not calling out as much as before. Their 'as required' medicine administration had greatly reduced and they were a lot more settled. The registered manager said they were creating a dedicated Namaste room opening in November. The Namaste trained team were made up of a registered nurse, two activities organisers, a deputy manager, four care workers (two from each unit) and a domestic.

There was excellent end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. Appropriate health care professionals and family representatives had been involved in end of life discussions. For example, whether people were for resuscitation, what their wishes might be and information about power of attorney and arrangements. One person had been admitted to the home for end of life care. Since their admission, their quality of life had improved. The person was no longer nursed in bed as they were able to get up and sit in their chair. They were now able to eat unaided and attend music events. The registered manager said, "They eat slowly but it's lovely to see as they are like a different person."

Another person receiving end of life care had regained an appetite with staff support which had resulted in the family seeing the person's 'wicked sense of humour' again. When the person died, the family said they would never forget the miracle they had witnessed. Another person was admitted with pressure wounds and their spouse visited daily to be with them in their last days. Three years later the person is well with wounds all healed. Another person was able to move to a room so they could see the trains passing and a GP review had resulted in pain patches and increased mobility. The family later commented that the person then passed away very happy and could not thank the staff enough for making the person's last hours as happy as they could be.

One person receiving palliative care had changed to a pain relief patch on the care worker's suggestion.

They told us about their surprise when the person became more mobile, ate more of a normal diet rather than puree, staff having sought a speech and language therapist review. One day the person walked into the dining room on their own and was able to make their own cup of tea. The care worker told us how now the person enjoyed chatting with staff and sharing their stories about their sports trophies. Staff said, "Having this kind of experience is overwhelming, that despite how hard is our job when you see someone's life's change and knowing you are part of it is so rewarding." The activity co-ordinator said, "I massaged one person's hands, sat and chatted to them and their family who came to sit with her, I wanted to make it as peaceful as I could for them. We had soothing music if they wanted and I would also just sit there holding her hand so she knew she wasn't alone."

People continued to receive care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One care worker wrote to us saying, "I started working in Greenslades nursing home as a senior care assistant and recently promoted to a nursing support assistant. With my new role I come to know people more not only as a person but also the whole medical history as I now help support the nurses on the clinical side. This helps to bring person centred care to GP rounds."

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

Health professionals commented on the 'warm feeling' at the home. Staff told us about one person who had been requiring increasing amounts of one to one staffing due to their aggressive behaviours. Staff thought that the person would benefit from more freedom to roam with more discreet support. This resulted in the person's wellbeing improving by becoming more independent and enjoying interactions with staff in their own way when they wanted it. They now followed staff as they worked, chatting and spending more time in communal areas. They were also more patient with others. Relatives commented on the positive changes they had seen in their loved ones. One person had returned to Greenslades after being able to go home for a long time. Their family feedback showed they were pleased with the care during both periods.

Is the service well-led?

Our findings

The service continued to be well led. There was a stable management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and senior staff. Some members of the staff team had lead roles such as end of life care, dementia, nutrition and dignity so they were able to guide staff practice in these areas. The provider's local operations manager helped to monitor the quality of the service by carrying out auditing visits. The registered manager said they were well supported by their line manager and the provider, along with the Sanctuary Learning Academy. The registered manager was currently accessing the Lead to Succeed course with Skills for Care, a nationally recognised training organisation. This course looked at; how successful behaviours and practical strategies can support leaders in their day to day work, as well as considering how they could implement these behaviours and strategies, now and in the future. They were also studying how to effectively manage a shift. They said that Sanctuary, the provider, were very supportive in developing managers which had enabled them to access leadership courses. People and relatives commented that the registered manager was very approachable, and that she provided good leadership. A national care home review website included the comment, "The care was excellent the staff and management were also excellent. I would happily recommend this home."

The management team took an active role in the running of the home and had good knowledge of the people who used the service and the staff. They promoted the visions and values of the service; "Keeping kindness at the heart of our care" and embedding the values of ambition, diversity, integrity, quality and sustainability. For example, through regular praise and promoting the 'Together at Ten' initiative, this helped to 'give permission' to staff to sit with people and not focus on tasks. These values were re-iterated throughout the training and provider conferences. For example, pledging to recruit the right staff, thorough induction, supporting skills and staff. We saw this happening during our inspection. New 'resident experience' training was being sourced that would further support staff to experience and explore the person's experiences in a care home, supported by reflective writing. New person centred care workshops were being rolled out also. The registered manager and staff were always looking for ways to further include the community and make links, for example the local rickshaw rides, events for families to attend, college and school links and the new Namaste project. The focus was on 'what can we do to enhance people's lives?'

People and staff were involved in the running of the home and felt listened to. The managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, a home walk around every day and daily 10 at 10 updates with staff (where the management team discussed any issues or things they needed to know with shift leaders for ten minutes at 10am), recognising and addressing family anxieties and managing unrealistic expectations. People felt they could speak to the management team at any time. One person said, "If you want to see them you can. I haven't had cause to." The office was easily accessible and the registered manager ran an open door policy. They were very knowledgeable about individuals needs and their family dynamics. The registered manager told us how some relatives came to them to chat all the time and the registered manager ensured they were able to have one to one time to alleviate any anxieties

they may have All staff were encouraged to communicate with people and their families, for example the chef writing to families to ensure a person got a meal they would enjoy and the activity co-ordinator who sat with people to look at what they would like to do. People and relatives had lots of communication about the home such as user friendly service user guide and the home's statement of purpose, newsletters and notice boards. There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey had been completed. Comments were all very positive and displayed.

One relative had written to the home saying, "It is the way the registered manager and her team manage that keeps the staff happy. [Person's name] could not be better looked after anywhere else." During the recent building works there had been pre-works meetings to discuss the proposed works and how they would be managed with as little disruption as possible. For example, the baths were being refurbished so there would be a period with only showers available. Staff comments included, "The registered manager looks after us well." We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors. There were lots of thank you cards and staff attended people's funerals, invited by families.

Staff received regular supervision support, completed employee quality surveys and were regularly listened to and consulted. They all said they enjoyed working at Greenslades Nursing Home. Staff said there was always a more senior person available for advice and support.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. These were overseen by Sanctuary head office. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided. Training also reflected audit findings and the bite size refreshers to maintain good staff competency. There were also themed staff audits such as infection control to assess competency.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.